SunCountry
HEALTH REGION

Annual Report

2008-2009

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Letter of Transmittal

July 24, 2009

The Honourable Don McMorris
Minister of Health

Dear Minister McMorris,

The Sun Country Regional Health Authority is pleased to provide you and the residents of the Health Region with its 2008-09 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the Region for the year ended March 31, 2009.

The Sun Country Regional Health Authority had many successes during the fiscal year, including the opening of the new Primary Health Care site at Carlyle for the residents of the Carlyle-Arcola area. Our over-all success is greatly attributed to the dedication and commitment of employees of the Sun Country Health Region.

Respectfully submitted,

Sharon Bauche

Sharon Bauche,
Chairperson
Board of Directors

RIBBON CUTTING AT CARLYLE CLINIC

Sun Country Health Region's newest Primary Health Clinic was officially opened in September 2008 when two cabinet ministers attended the Official Opening. A ribbon-cutting ceremony was held at the Carlyle Primary Health Clinic in Carlyle to celebrate the site's operation. From left to right, front row: Cal Tant, CEO of Sun Country Health Region; Lorretta Walker, Receptionist for the Clinic; Liette Hrabia, Receptionist; Dr. Catharina Meyer; Health Minister Don McMorris; Dan D'Autremont, Minister of Government Services, Minister responsible for the Saskatchewan Liquor and Gaming Authority (SLGA), and Information Technology Office (ITO). Back row, left to right, are Wendy Gordon, Receptionist; Jeanie Daku, Nurse Practitioner; Dr. Don Van Wyk; Sharon Bauche, Member of the Board of Sun Country Regional Health Authority; Gale Pryznyk, Regional Director, Primary Health and Rehabilitation, Sun Country Health Region.

Who We Are

The mandate of Sun Country Regional Health Authority (SCRHA) is to provide quality health services to the residents of South East Saskatchewan. SCRHA is accountable to the Minister of Health for the planning, organization, delivery and evaluation of health services provided within the Sun Country Health Region (SCHR).

What We Do

A key role of SCHR is to ensure strategic oversight by providing leadership that includes monitoring the performance of the organization. This means making sure that the organization's strategic direction is consistent with the goals of the Ministry of Health and that performance measurement processes are in place to allow the organization to know if it is meeting the expectations set out in the plan and Accountability Document.

Vision

Healthy People in Healthy Communities

Mission

Sun Country Regional Health Authority exists so that there will be:

- Optimum health throughout lifespan;
- Primary health care available to everyone within the Region;
- People taking personal responsibility for their health;
- A significant decrease in the incidence of preventable diseases;
- Public policy supporting healthy living;
- Healthy environments; and
- Safe provision of care.

Statement of Values

- We value mutual respect, honesty and trust.
- We value openness with our community to create informed decision-making.
- We value social and ethical responsibility and accountability.
- We value privacy, confidentiality and compassionate care.
- We value a sense of ownership by those associated with the mission of the SCRHA.
- We value our staff, physicians and volunteers as our most valuable resource.

Sun Country Regional Health Authority Goals

- To provide Health Services that are reasonably accessible and available to all residents of the Region.
- To increase the awareness of the health services provided by the Region.
- To develop an education strategy that places greater emphasis on the wellness philosophy of health care including health promotion, the prevention of illness, health maintenance and the promotion of independent living.
- To recruit, retain and develop the Region's Human Resources.
- To provide an effective and comprehensive range of Health Services.
- To be fiscally responsible.
- To ensure regular assessment of the services provided in the Region.

Overview of Facilities and Programs

SCHR operates 27 facilities and a large number of programs for the 54,000 people in this region:

9 Health Centres
with Long-Term Care facilities

- Bengough Health Centre
- Coronach & District Health Centre
- Fillmore Health Centre
- Gainsborough Health Centre
- Galloway Health Centre
- Lampman Health Centre
- Mainprize Manor & Health Centre
- Radville Marian Health Centre
- Wawota Memorial Health Centre

2 Community Health Centres
- Maryfield Health Centre
- Pangman Health Centre

2 District Hospitals
- St. Joseph's Hospital of Estevan
- Weyburn General Hospital

3 Community Hospitals
- Arcola Health Centre
- Kipling Health Centre
- Redvers Health Centre

7 Long Term Care Centres
- Estevan Regional Nursing Home
- Moose Mountain Lodge
- New Hope Pioneer Lodge
- Sunset Haven
- Tatagwa View
- Weyburn Special Care Home
- Willowdale Lodge

2 Community Health Services
- Carlyle Community Health
- Weyburn Community Health
- Kipling Community Health

1 Inpatient Mental Health Unit
- Tatagwa View

1 Seniors' Housing Facility
- Creighton Lodge

16 EMS Stations

Bengough	Fillmore	Pangman
Carlyle	Kipling	Radville
Carnduff	Lampman	Redvers
Coronach	Maryfield	Stoughton
Estevan	Oxbow	Wawota
		Weyburn

In addition, SCHR provides a complex array of community programs and services including:

- Acquired Brain Injury Programs
- Acute Care
- Addiction Services
- Adult Community Mental Health Services
- Alternatives to Violence Programs
- Child and Youth Mental Health Services
- Communicable Disease Control
- Community Dietitian Programs
- COPS (Community Oncology Program of Saskatchewan)
- Dental Health Program
- Diabetes Education program
- Health Promotion
- Home Care
- Immunization Programs
- Infection Control
- Injury Prevention Program
- Inpatient Mental Health
- Long Term Care
- Meals on Wheels
- Mental Health Home Care
- Mental Health Rehabilitation Services
- Mental Health Therapies Program
- Nutrition Program
- Palliative Care Program
- Parent Program
- Physiotherapy and Occupational Therapy
- Podiatry
- Primary Health Care services
- Psychiatry
- Public Health Inspection
- Public Health Nursing
- Respite Services
- Renal Program/Dialysis, CRI
- Speech Language Pathology (Child/Adult)
- Staff Physical Activity program
- Volunteer Program
- Wellness Clinics
- Wound Care

Standards of Conduct, Ethics and Values

SCHR operates within high standards of care, ethics and values. This high standard of care requires a continuous evaluation of programs and operations:

- SCHR employs staff members who follow regional policies and Professional Codes of Ethics. All professional staff/physicians meet current registration requirements with their licensing bodies.
- Our values are evident in our staff, physicians and volunteers, who are our most valuable resource.
- We continue to affirm our commitment to meeting standards of excellence by participating in the Canadian Council on Health Services Accreditation (CCHSA) process for health services organizations by comparing ourselves to nationally accepted standards.
- SCHR's insistence on client privacy and confidentiality means it has worked hard to implement the changes required to be compliant with the Health Information Protection Act (HIPA).
- SCHR's management philosophy promotes collaborative decision-making and co-operation, enabling staff at all levels to perform their jobs to the fullest with responsibility, accountability and authority.

Risks and Challenges

SCHR faces several key risks and challenges:

- Tobacco use - over 23 per cent of males and females in the regional population are daily or occasional smokers.
- Obesity - one-third of the residents are overweight or obese and less than 50 per cent are physically active.
- An aging population and changing demographics, especially in rural areas.
- The difficulty in planning for the service needs of a transient work force primarily related to the oil industry.
- The health care work force is aging. Recruiting and retaining an adequate supply of health care workers and professionals, including physicians, continues to be a challenge, especially in rural areas.
- The need to maintain aging health facilities and other infrastructure, together with the ongoing need to continuously update technology, challenges our ability to provide safe, quality services.
- Operating costs continue to increase due to staff shortages (staff overtime, sick time, etc.), collective agreements, medical equipment, drug and supply costs, new technology, changing regulations and standards, increasing demand on and complexity related to Information Systems and technology and increases in utility costs; many of which are beyond our control.

Some of these factors result in an increased demand for services in home care, laboratory services, public health nursing, mental health and addiction services. SCHR is monitoring the situation. Population reduction in smaller rural areas affects the availability of informal family and community supports for people, especially for the elderly or mentally ill. This has created an increased demand on the health care system because the supports have moved away. This trend also contributes to a lack of support for community organizations which, in turn, can increase the instances of residents seeking the kind of services they might once have received from the volunteer organizations.

Capacity to Manage Risks and Challenges

SCHR continues to face increasing and changing demands on the regional health system and seeks innovative strategies to mitigate the inherent risks.

- A revised three-year strategic plan has been developed which included a comprehensive consultation and communication strategy with key stakeholders to help guide future service delivery, infrastructure, health human resource planning, information systems and capital investment planning for facilities.
- Enhanced capacity to respond to human resource challenges through the continued implementation of a comprehensive new recruitment and retention strategy.
- Increased efforts on innovative health promotion, disease prevention, and Population Health initiatives.
- A completed facility condition assessment for all SCHR and Affiliate facilities - providing information to assist in capital planning and infrastructure improvement prioritization.
- The complete transition and transformation of Information Systems and Technology infrastructure to ensure reliability, stability and capacity to accommodate increased scope and volume of demand.
- The adoption of LEAN as a key business strategy to ensure effective, efficient processes that maximize appropriate utilization of health professionals and assists in building capacity where and when needed.

Health Care Organization Relationships

SCHR also funds Health Care Organizations (HCO) to enhance or add to services provided. In most cases, HCOs complement the continuum of care for regional residents and community based services. They play an integral role in ensuring seamless, timely and effective service provision in a manner that is consistent with SCHR goals, and are accountable through program and budget submissions, regular fiscal reporting, and annual audited financial reporting.

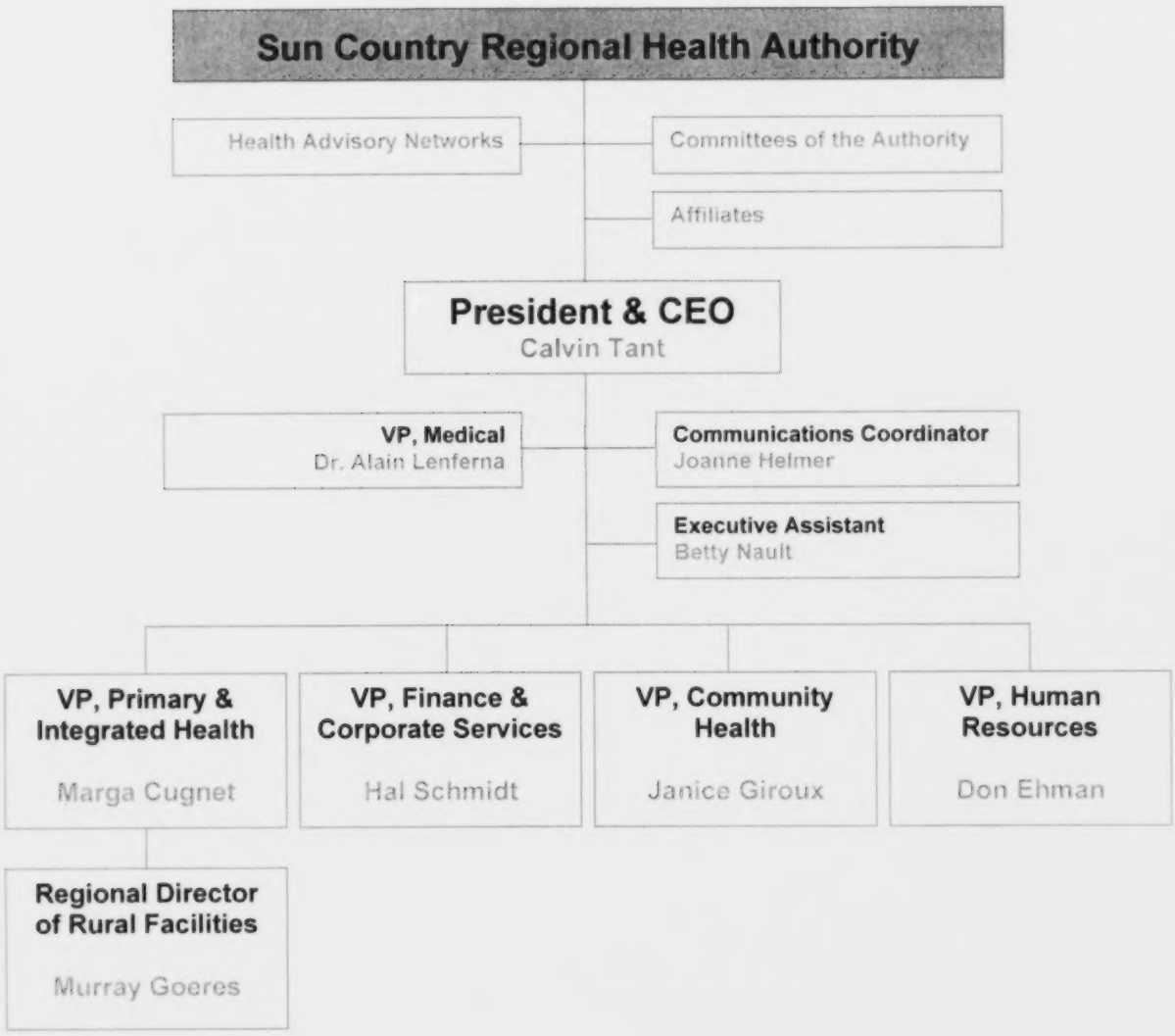
SCHR has a close working relationship and operating agreements with the following three Affiliate organizations:

Affiliates	Services Provided
St. Joseph's Hospital	53 acute care beds, 34 long term care beds and 4 beds for convalescent, respite and palliative care
Radville Marian Health Centre	49 long term care beds and 3 beds for convalescent, respite, palliative care, observation and assessment
Sunset Haven in Carnduff	42 long term care beds, 1 bed for convalescent, respite and palliative care

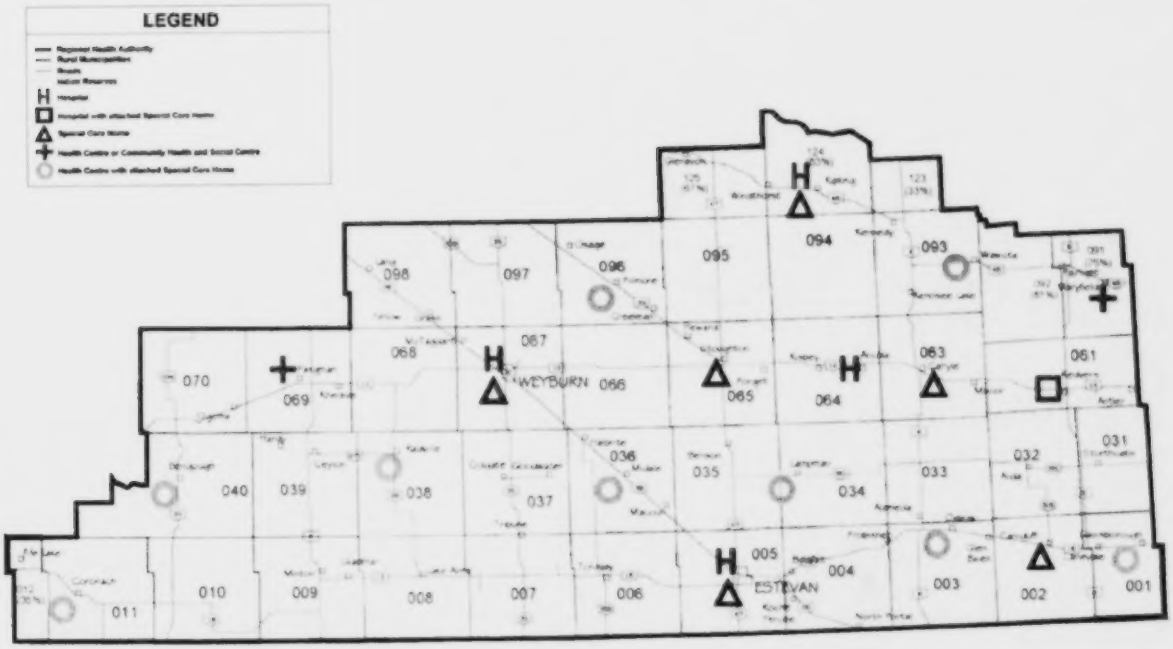
SCHR also provides flow-through funding for the following HCOs:

Organization	Services Provided
SMILE Services in Estevan	Programming and support to young children, youth, individuals with challenging needs, seniors and low income families, with a focus on employment, quality housing and social acceptance of persons diagnosed with mental illness in the community.
Weyburn Group Home Society	Encourages employment, obtains quality housing and promotes the integration and acceptance of persons diagnosed with mental illness in the community.
Canadian Mental Health Association, Community Resource Centre in Weyburn	Pre-vocational programs to assist with the personal growth, support, community integration and re-entry into the work force of persons with mental illness.
Fillmore Ambulance	Ambulance Services
Supreme Ambulance (Carlyle)	Ambulance Services

Sun Country Regional Health Authority Organization Chart



Map of Sun Country Health Region



Our Region

This section provides a snapshot of the health status of the Sun Country Health Region residents. The 2008 covered population In Sun Country Health Region is 54,032 which is 5.2% of the total provincial population (see Table 1).

The regional population increased by 825 people in 2008, following an increase of 403 residents in 2007. This is in contrast to the declines estimated in population projections to 2021, including a population of 51,244 for 2011 and only 46,733 by 2021.

Those earlier projections did not account for the migration of people into the Region due to the recent economic boom in Saskatchewan. A sustained migration of young adults and families into the Region could have an impact on the population projections, particularly in the age groups below 65 years of age.

There are a number of factors that influence both health status and health service delivery in the Sun Country Health Region:

- **The Region's population is widely dispersed.**
  Travel for certain services (particularly specialized services) is often required. (Figure 1)
- **The Region is primarily rural with two small urban centres.**
  A large proportion of SCHR population lives in rural areas. About 64% of residents between the ages of 45 to 64 years and 63% in those over 65 years of age live in rural areas such as towns, villages and on farms within the rural municipalities.

Table 1

Covered Population	Province	SCHR
2007	1,014,649	53,207
2008	1,035,544	54,032
% Change	(+)1.06	(+)1.55
% 65+ Years	14.5	17.0
% Cities	56.5	39.7
% Towns	17.7	25.5
% Villages	8.5	10.5
% RMs	12.8	22.5
% Reserves	4.5	1.8
% Registered Indians	10.7	2.5

- 60% of our population lives in a rural location compared to 43.5% in Saskatchewan.
- The Registered Indian population in Sun Country is 2.5%, which is significantly lower than the provincial proportion of 10.7%.
- 17% of our population is over the age of 65 compared to 14.5% in Saskatchewan.

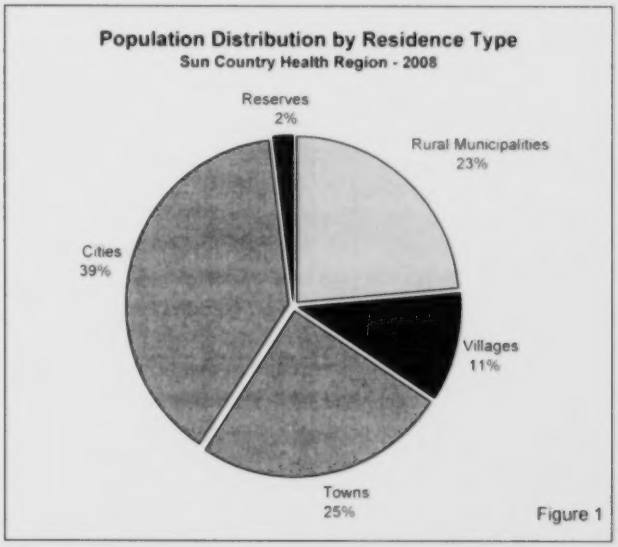


Figure 1

- **The regional population is increasing.** Between 2005 and 2008, the population of Sun Country Health Region increased by 8.9%, which is greater than the provincial increase of 1.4% over the same period. The Region's population is still lower (7.8%) than the 1999 population of 58,635.

- **The population is older and aging.**
In 2008, 43.4% of the population in the Region was over 45 years of age, compared to 40.3% for the province (see Figure 2 and Figure 3). Since 1998, the proportion of SCHR population over the age of 45 has increased from 37.3% to 43.4% in 2008 (see Figure 3).

Figure 2

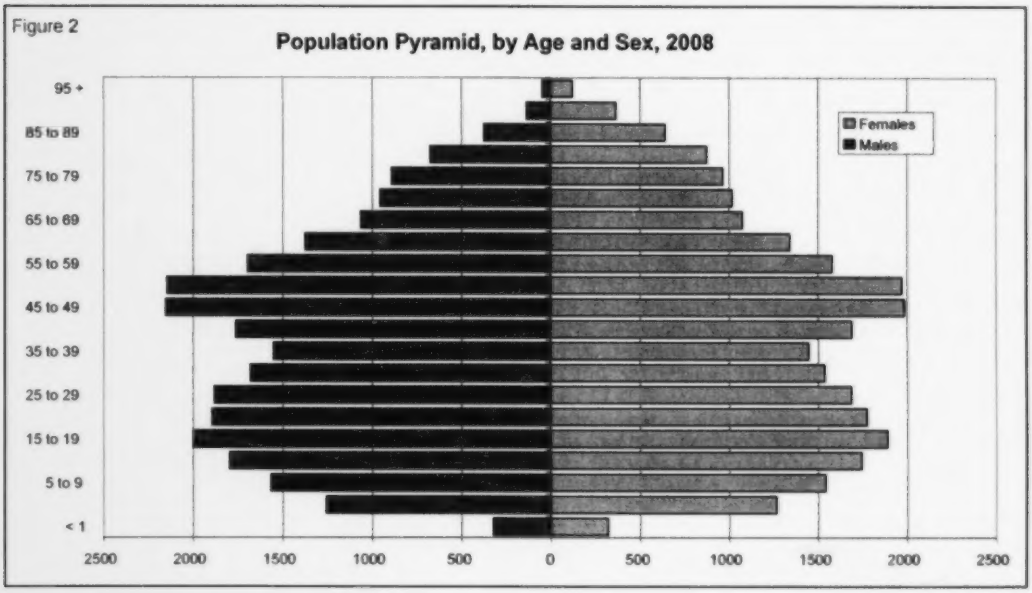
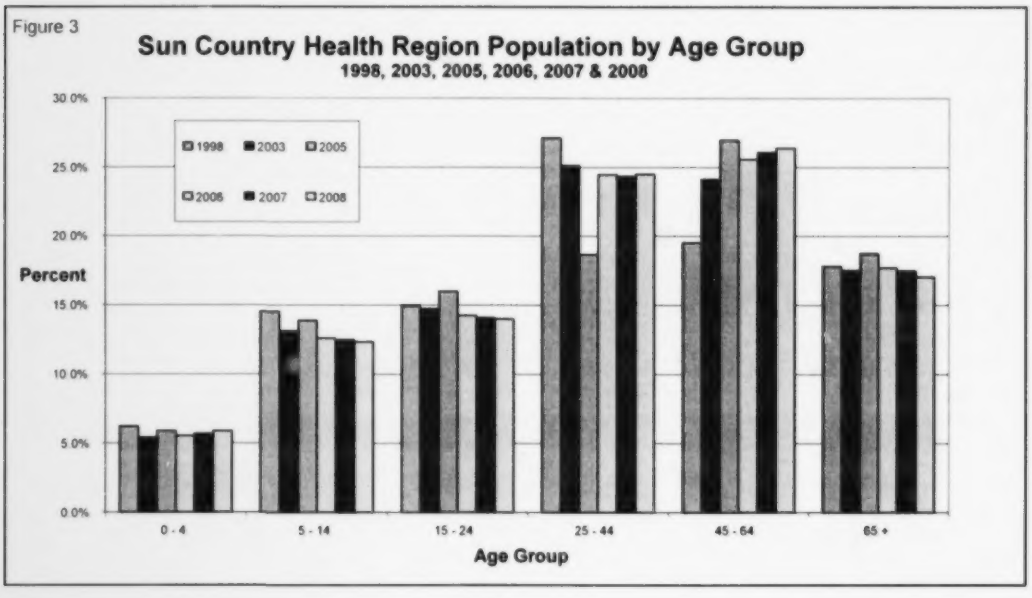


Figure 3



Region Overview

Overall, economic indicators for Sun Country Health Region are positive. In 2006, the unemployment rate for the region was 3.3%, compared to 5.6% for the province. As well, median family income for the Region was $61,919 in 2005 and compares favourably with the provincial median of $58,563. Although the Region as a whole is faring well economically there are large disparities in median family income between the wealthy oil- and gas-driven communities ($90,000+) and the less wealthy agriculturally-based communities (below $40,000). Sun Country Health Region has many resource-based communities, with one-third of the experienced work force being employed in agriculture and other resource-based industries.

Health Status of Residents

Over-all Health Status

Generally, the health status in SCHR is positive. Life expectancy at birth (76.8 years – male and 81.2 years – female) is very close to the provincial average (76.2 years – male and 81.8 years – female). This is also true for life expectancy at age 65 years. Disability-free life expectancy, an important indicator of quality of life, also compares favourably with the provincial average.

Infant Mortality Rate

There were 14 infant deaths over the three-year period from 2002 to 2004 for a rate of 8.0 per 1,000 live births compared to 5.9 for the province of Saskatchewan. Although the rate is higher in SCHR than in Saskatchewan, the difference is not statistically significant. Infant mortality rates in Saskatchewan range from 4.0 to 10.5 deaths per 1,000 live births.

Indicator	RHA Value	Provincial Value	Target
Infant mortality rate per 1,000 live births. *2002-2004*	**8.0**	5.9	*to be determined*
Number of Deaths. *2002-2004*	**14**	211	*to be determined*

Physical Activity

Almost 50 per cent (49.65%) of SCHR residents (aged 12 years and over) reported they were inactive in 2005, compared to 49.52% in Saskatchewan. The number of SCHR residents who report being inactive has declined from 2003 when 52.7% of residents reported they were inactive. Reported physical inactivity in Saskatchewan RHAs ranged from 44.06% to 58.77%.

Indicator		RHA Value	Provincial Value	Target
Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active or inactive. *2005*	Active / moderately active	**48.25%**	48.62%	*to be determined*
	Inactive	**49.65%**	49.52%	*to be determined*

Self-Rated Health Status

Over 50 per cent (52.11%) of SCHR residents (aged 12 years and over) reported their health was "very good or excellent" in 2005, compared to 52.35 per cent in Saskatchewan. In 2003, the "very good or excellent" rate was 54.3 per cent. The change was because fewer SCHR residents reported excellent health. Self-rated health status in Saskatchewan ranged from 39.86% to 57.96%. Self-rated health is influenced by many factors, including income, social interaction and support.

Communities are key to developing and supporting residents by keeping their communities thriving and providing supports. Health Promotion staff and the Regional Intersectoral Committee have been working with Schools and Community Councils in the promotion of the Search Institute "40 Developmental Assets".

Indicator		RHA Value	Provincial Value	Target
Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent. *2005*	Very Good	**35.79%**	35.74%	*to be determined*
	Excellent	**16.32%**	16.61%	
	Very Good or Excellent	**52.11%**	52.35%	

Life Expectancy

SCHR life expectancy for a male born in 2001 was 76.8 years and for a female born was 81.2 years, compared to 75.8 years for males and 82.4 years for females in 1997. SCHR life expectancy at birth and the remaining life expectancy of a 65 year old are very consistent with the overall provincial life expectancy.

The remaining life expectancy for a SCHR male aged 65 years of age was 16.7 years and for females was 20.6 years.

Indicator		RHA Value	Provincial Value	Target
Life expectancy (at birth). *2001*	Males	**76.8**	76.2	*to be determined*
	Females	**81.2**	81.8	
Life expectancy (at age 65 years). *2001*	Males	**16.7**	16.9	*to be determined*
	Females	**20.6**	20.9	

Obesity

Almost one-third (30.53%) of the 2005 SCHR population (aged 18 to 64 years) are overweight and an additional 20.35% are obese. The proportion of overweight individuals is slightly higher in Saskatchewan at 32.52% and in Canada at 31.28%.

Obesity and overweight statistics are showing a decline in the Region. Many sectors are developing initiatives to increase physical activity and healthy eating in their communities. Schools promote a Quality Daily Physical Activity and Saskatchewan In Motion provides many opportunities for children to be active at school. Schools are also beginning to develop healthy school food policies with support of SCHR's Public Health Nutritionist.

Support for regular activity and healthy eating habits begin in preschool and can be affected parental behaviours. Support for healthy habits can be provided by care givers and teachers. SCHR's Public Health Nutritionist has been trained and provided two workshops for preschool teachers and day care providers using LEAP. The focus of this program is promoting literacy, activity and healthy eating in preschool children. SCHR will continue to support, train and promote healthy eating and activity habits in children in the upcoming year.

Communities and businesses alike are making changes to support and promote active living. SCHR attended an Active Transportation workshop at which staff was trained to assist communities in the examination of their community walkability and advocate for changes that community members identify.

The provincial Public Health Nutritionists have developed a manual that will support and assist recreational facilities and workplaces develop healthy food policies. Sun Country Health Region hopes to have up to five pilot sites working on this initiative in 2009-10.

Indicator		RHA Value	Provincial Value	Target
Percentage of population (age 18 to 64 years) who are overweight or obese. *2005*	Overweight (BMI 25.0-29.9)	**30.53**	32.52	*to be determined*
	Obese (BMI 30.0+)	**20.35**	20.03	

Emerging Health Issues

Diabetes

The age-sex adjusted diabetes incidence rate (new cases) for SCHR residents is 3.9 per 1,000 population (lowest in Saskatchewan) and the prevalence rate is 53.0 per 1,000 in 2005/2006. The prevalence rate in 2004/2005 was 50.6. The incidence rate of diabetes in Saskatchewan RHAs ranged from 3.9 to 7 per 1,000 and the prevalence rate ranged from 44.3 to 101.7 per 1,000.

Indicator	RHA Value	Provincial Value	Target
Age-sex adjusted diabetes prevalence rate per 1,000 population. *2005/2006*	**53.0**	*not applicable*	*to be determined*
Age-sex adjusted diabetes incidence rate per 1,000 population. *2005/2006*	**3.9**	*not applicable*	*to be determined*

Immunization

Public Health Nurses deliver the infant and pre-school immunization program including immunizations at 2, 4, 6 and 18 months of age for: diphtheria, tetanus, pertussis, polio and *Haemophilus influenzae* type b (Hib), and pneumococcal disease; at 12 months of age for measles, mumps, rubella, meningococcal disease and varicella; and at 18 months of age for measles, mumps and rubella.

Immunization coverage rates for 24 month old children (July 1, 2007 to June 30, 2008)			
Vaccine	**SCHR Immunization Coverage Rate (%)**	**Overall Provincial Immunization Coverage Rate (%)**	**Range in RHAs Min and Max (%)**
Diphtheria	88.0	76.3	56.5 – 88.3
Pertussis	88.0	76.3	56.5 – 88.3
Tetanus	88.0	76.3	56.5 – 88.3
Hib	87.0	75.0	55.7 – 87.1
Polio	87.7	76.3	56.1 – 87.9
Measles	86.8	76.2	57.6 – 86.8
Mumps	86.8	76.2	57.6 – 86.8
Rubella	86.8	76.1	57.6 – 86.8
Meningococcal	94.9	87.2	73.3 – 94.9
Pneumococcal	86.1	74.5	56.1 – 86.4
Varicella	88.2	82.1	71.0 – 90.0

Influenza coverage rates for 6 to 23 month old children (October 15, 2007 to March 31, 2009)			
Vaccine	**SCHR Immunization Coverage Rate (%)**	**Overall Provincial Immunization Coverage Rate (%)**	**Range in RHAs Min and Max (%)**
Influenza	57.3	37.5	10.4 – 59.8

Source: Saskatchewan Immunization Management System (SIMS) [Saskatchewan Health]

In the fall of 2008, Saskatchewan Health introduced a new HPV immunization program for girls in Grade Six. There has been good uptake with this program and although final coverage rates will not be available until later in the fall of 2009, it is expected we will have an uptake of well over 50 per cent.

West Nile Virus

Sun Country Health Region worked with its partners across the Region to reduce the risk of West Nile virus (WNV) through education, source reduction and surveillance. The risk of West Nile virus (WNV) in Sun Country Health Region during the summer of 2008 was much lower than during 2007. Only one confirmed case of human WNV infection was reported in 2008 compared to 129 cases in 2007. There were 16 WNV positive mosquito pools in 2008, compared to 219 positive pools in 2007. No adult mosquito control (spraying) program was required in SCHR in 2008.

Influenza

SCHR conducts community based influenza-like-illness (ILI) surveillance in several locations across the region including three Long Term Care facilities, an elementary school, and an industrial workplace. Plans are also in place to develop ILI surveillance in several emergency rooms.

Protecting SCHR residents from seasonal influenza is a key component of the over-all regional immunization program. We provide immunization to several high-risk populations and also to the general public. There were seven influenza outbreaks in SCHR health care facilities during 2008. These were all part of the 2007/2008 influenza season. There were no influenza outbreaks in SCHR health care facilities during the 2008/2009 influenza season. The over-all influenza coverage rate for all SCHR employees is among the highest in the province. In 2008/9 the specific influenza immunization coverage rates were:

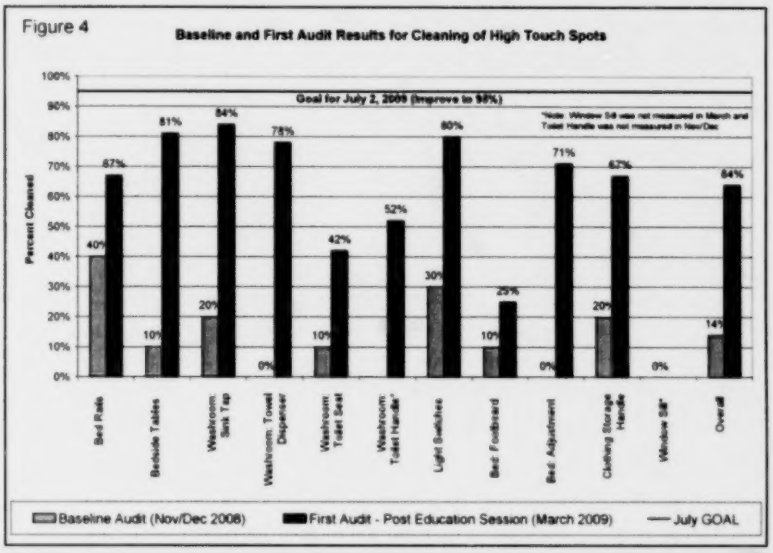
2008/09 Specific Influenza Immunization Coverage Rates		
Health Care Workers		
• Acute care employees	85.5%	402
• Long-term care employees	83.8%	1,006
• Physicians	69.0%	29
Residents of long-term care facilities		
○ 590 resident aged 65 years and over ○ 26 residents under 65 years of age	93.6%	616
High-risk population groups		
• Children 6 to 23 months of age	57.3%	572 (The above figure represents children immunized by PHNs. There were 9 additional children were immunized by MDs)
• Adults aged 65 and older	64.7%	5,952 (The 5,952 adults above include the 590 LTC residents age 65 years and older that were noted above).
• Medically at risk (under 65 years)		1,522
• Pregnant women		77

Infection Control

The Canadian initiative - Safer Healthcare Now! (SHN!) – is an initiative to promote patient safety. SCHR is participating in the SHN! MRSA Collaborative. The Sun Country Health Region Leadership Team chose four facilities as pilot sites for Environmental Cleaning and Hand Hygiene improvements to reduce and prevent MRSA transmission. The teams include representation from all disciplines including front line environmental staff, environmental managers, nursing managers, needs assessment coordinator, infection control practitioners and physicians.

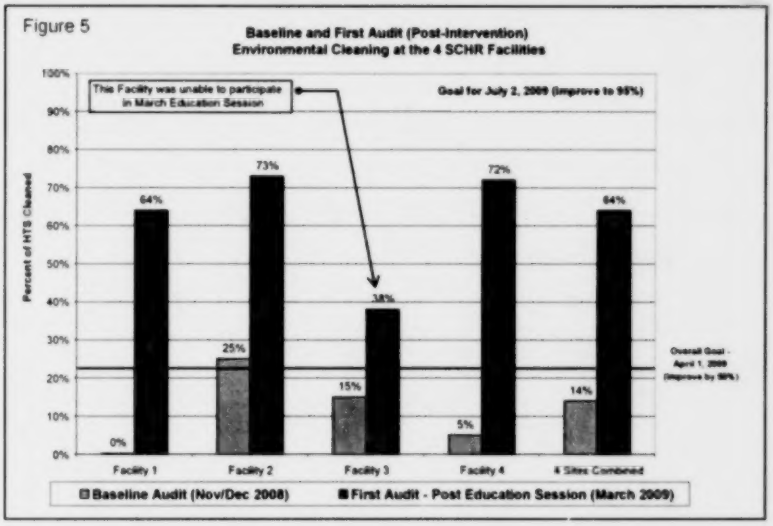
The environmental cleaning team conducted baseline testing indicating that 14 per cent of high touch spots (HTS) were cleaned properly (see Figure 4). After the baseline testing results were completed, the team chose to work on an education session for all housekeeping staff in these four sites as well as updating housekeeping protocols to include HTS and checklists. After the session, cleaning of HTS increased to 64 per cent.

Figure 4



Our baseline audit showed we had room for lots of improvement in our environmental cleaning. The support and enthusiasm of the MRSA team, the front line environmental cleaning staff and managers led to huge improvements after our first intervention. We hope to reach our goal of 95 per cent cleaning of High Touch Spots by July, sustain the improvement and then expand this to all of our health care facilities. (See Figure 5)

Figure 5


Baseline and First Audit (Post-Intervention)
Environmental Cleaning at the 4 SCHR Facilities
This Facility was unable to participate in March Education Session
Goal for July 2, 2009 (Improve to 95%)
Percent of HTS Cleaned
Facility 1
Facility 2
Facility 3
Facility 4
4 Sites Combined
Baseline Audit (Nov/Dec 2008)
First Audit - Post Education Session (March 2009)

2008 Saskatchewan Health Reprocessing Critical and Semi-critical Medical Equipment/ Device Audit

In 2007, incidents in Alberta and in Saskatchewan prompted the Saskatchewan Ministry of Health to conduct a comprehensive provincial audit of reprocessing practices in Regional Health Authorities. SCHR participated in the 2008 Saskatchewan Health Reprocessing Critical and Semi-critical Medical Equipment/Device Audit. SCHR had previously reduced its reprocessing sites in 2007 from 19 facilities to five facilities in response to a 2007 audit.

Following the Provincial Reprocessing audit, it was determined that all five sites met the CSA standards for reprocessing, except in the ventilation requirement. The deficiencies related to specific ventilation requirements in the soiled and clean Central Sterilization Rooms. Cost estimates to upgrade all five sites to meet or exceed this standard is being compiled to determine the financial feasibility to update the five reprocessing sites to meet current CSA standards.

Health Care Associated Infections - Surveillance

2008 Surgical Site Infections (SSI):

- Estevan St. Joseph's Hospital (SJH) performed 357 surgeries for 2008 and reported 2 post-surgical infections for an annual infection rate of 0.6%.
- Weyburn General Hospital (WGH) performed 395 surgeries for 2008 and reported 6 post-surgical infections for an annual infection rate of 1.5%.

2008 MRSA Rates for SCHR:

The following table provides MRSA Hospital Acquired Infection rates per 1000 Patient Care Days per quarter for 2007, 2008 and the first quarter of 2009.

The overall MRSA rate for SCHR for 2008 was 0.049 cases per 1000 Patient Care Days (n=13).

	Years	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Weyburn General Hospital	2007	0.979	0.529	0.543	0.0
	2008	0	0	0	0
	2009	0.557			
Radville Marion Health Centre	2007	0.253	0	0	0
	2008	0.551	0.278	1.629	0.278
	2009	1.213			
Moose Mountain Lodge	2007	0.276	0	0	0.275
	2008	0	0	0	0
	2009	0			
Estevan Regional Nursing Home	2007	0	0	0	0
	2008	0.159	0	0	0.162
	2009	0.170			
Sunset Haven	2007	0	0	0	0
	2008	0.272	0	0	0
	2008	0			
Kipling Memorial Health Centre	2007	0	0	0	0
	2008	0	0	0	0
	2009	2.481			
St. Joseph's Hospital LTC	2007	0	0	0	0
	2008	0	0	0	0
	2009	0.310			

The following table describes the number of nosocomial MRSA cases for the 2007-2009 periods:

SCHR MRSA NOSOCOMIAL CASES					
	Years	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Weyburn General Hospital	2007	2	1	1	0
	2008	0	0	0	0
	2009	1			
Radville Marion Health Centre	2007	1	0	0	0
	2008	2	1	6	1
	2009	4			
Moose Mountain Lodge	2007	1	0	0	1
	2008	0	0	0	0
	2009	0			
Estevan Regional Nursing Home	2007	0	0	0	0
	2008	1	0	0	1
	2009	1			
Sunset Haven	2007	0	0	0	0
	2008	1	0	0	0
	2008	0			
Kipling Memorial Health Centre	2007	0	0	0	0
	2008	0	0	0	0
	2009	1			
St. Joseph's Hospital LTC	2007	0	0	0	0
	2008	0	0	0	0
	2009	1			

2009 Clostridium difficile (C. difficile) for SCHR:
The Public Health Act does not require SCHR to report cases of *Clostridium difficile (C. difficile)* in Saskatchewan to the Ministry of Health. Facilities are expected to report their infections to Infection Control. These rates are compiled and distributed to staff through the Continuous Quality Improvement Newsletter. The following is a list of facility-based *C. difficile* infection rates per 1000 patient care days:

SCHR CLOSTRIDIUM DIFFICILE RATES					
	Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
St. Joseph's LTC	2009	0.310			
Estevan Regional Nursing Home	2009	0.339			

The following table shows the number of nosocomial *C. difficile* infections for the first quarter of 2009:

SCHR CLOSTRIDIUM DIFFICILE NOSOCOMIAL CASES					
	Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
St. Joseph's LTC	2009	1			
Estevan Regional Nursing Home	2009	2			

Health Care Facility Outbreaks

Preventing and controlling outbreaks in health care facilities to ensure patient safety and employee health and safety is a key focus of several programs and departments within SCHR.

There were 20 outbreaks in SCHR facilities in 2008. The duration of these outbreaks ranged from 3 to 20 days in length. There was one MRSA outbreak that is ongoing. There were six gastorenteric outbreaks including:

- Norovirus outbreaks 3
- Unidentified organisms 3

There were 13 respiratory outbreaks and the organisms responsible for these outbreaks include:

Type of Organism	Number of Outbreaks
Parainfluenza	1
Respiratory syncytial virus (RSV)	2
Influenza A	5
Influenza B	2
Human metapneumovirus (hMPV)	2
Coronavirus	2
Entero/Rhinovirus	2
Two of the thirteen outbreaks had more than one organism identified.	

During 2008, a multidisciplinary team and regional managers worked together to develop an outbreak binder to complement SCHR Infection Control Manual and incorporate the Saskatchewan Health LTC.

2008-09 Performance Results

Introduction

The Ministry of Health has set annual accountability expectations of SCHR for performance monitoring, regular reporting and performance assessment. While there are a significant number of performance management accountability indicators managed within the various divisions of the Ministry of Health, a subset of these are provided to SCHR quarterly as the 'Performance Management Dashboard. The Dashboard is divided into four discrete sections to provide a balanced perspective of SCHR performance.

SCHR's Strategic Plan 2008-11 is articulated in the context of four over arching Goals. These four goals line up directly with the Performance Management Dashboard quadrants;

Goal	Dashboard
Effective Health Promotion and Disease Prevention	Patient/Client
A Sustainable, Efficient, Accountable Health System	Financial
Improved Access to Quality Health Care Services	Access to Quality Health Services
Health Provider Retention and Recruitment	Providers

SCHR reviews performance in the context of its Strategic Plan and the Performance Management Dashboard acts as a useful tool in providing relevant measures supported by Provincial Comparisons. This allows for both inter Regional and intra Regional performance measurement as well.

Section 1 - Patient/Client

Results: **Communications**

SCHR recognizes that the foundation of an effective and responsive health system is regular and open communications with the public, its staff and physicians. SCHR has taken steps in the past year to encourage this philosophy throughout the organization.

- Board meetings are held in public. Meeting notices are placed in all newspapers within SCHR.
- Senior executive and members of the Board met with community leaders in various locations in the Region throughout the year to discuss physician recruitment.
- The Region actively manages relations with media outlets, and communicates directly with its 2,300 employees and the public through the website at www.suncountry.sk.ca advertisements and public meetings. In addition to alerting people of health risks and the availability of services, we also explain the issues facing the health region, and our approach to meeting the health needs of the region's 54,000 residents.
- SCHR activities and staff highlights are distributed through six staff and four public newsletters, and posted on the website (www.suncountry.sk.ca).

- The communications department assisted with the goal of informing the public and the staff through:
  - 34 news releases issued, and many contacts with journalists.
  - Planning a region-wide education campaign to encourage wiser use of the emergency departments in our hospitals.
  - Planning a special Emergency/Pandemic issue of newsletter for the public.
  - Planning the annual long-service awards
  - Planning the opening ceremonies for SCHR's new Dialysis Unit in St. Joseph's Hospital in Estevan and the Carlyle Primary Health Clinic.
  - Training staff on use of new Events Calendar on website for public/staff events
  - Updating the website to make it a resource for the Region
  - Advertising second annual Patient Safety Conference in October for staff.
  - Planning communications for Hand Hygiene Committee with the goal of reducing MRSA by 50 per cent in SCHR facilities by June 2009.
  - Advertising for Tatagwa View Long-Term Care Centre's participation the National Collaborative on Falls Prevention.
  - Preparing pamphlets to encourage volunteers in our facilities and programs, and to encourage patient safety.
  - Planning events to recognize eco-friendly renovations in all the facilities.
  - Preparing communication plan for Influenza Pandemic
  - Distributing Patient First materials to staff and the public
  - Distributing information for staff from Ethics Committee.
  - Planning for new communication avenue through a staff blog.
- The Green Pages section in three DirectWest telephone books was continued, to provide easy access to the public for all programs and services provided.
- SCHR added a member of the public to its Patient Safety Committee to help create a culture of patient safety and increase the public's confidence.
- During the past year, SCHR updated its disaster plans and fan-out lists.

Indicator		RHA Value	Target
Key activities undertaken by RHA to address public confidence reported *2008/2009* *[yes/no indicator]*	Q1	**Yes**	significant activity is expected annually, but need not be reflected quarterly
	Q2	**Yes**	
	Q3	**Yes**	
	Q4	**Yes**	

Section 2 - Financial

Finance & Corporate Services

Results: Financial Operations

SCHR has continuously demonstrated fiscal responsibility by operating within its budget. For the past five years, SCHR has ended the fiscal year with a small surplus. At $511,830 or 0.4 per cent of total operating expenditures, SCHR surplus for fiscal 2008-09 is the median within the 12 health regions.

SCHR has improved its position in context of days able to operate without working capital by more than 13 per cent since fiscal 2004-05. While this is a considerable improvement, SCHR is committed to further improvements and will continue to work toward a positive working capital position. The negative working capital is entirely attributable to accrued vacation pay and as such cash flow has never been a concern nor will it be into the foreseeable future.

Program support costs increased by 0.2 per cent from the previous year to 5.2 per cent. The increase is directly related to the transition and transformation of Information Systems and Technology which had been historically under resourced. To address serious issues of reliability, stability and capacity, SCHR implemented an innovative new solution through an outsource arrangement which required an increased investment to resolve long standing problems. In return, SCHR has all new technology infrastructure that is providing a high level of performance and is reliable, stable and with sufficient capacity to address future growth, demand and business innovation. Furthermore, through this outsource arrangement, all SCHR Information Technology, Systems and Networks are supported and maintained by numerous individuals with a high level of expertise.

Indicator	RHA Value	Range	Target
Surplus (deficit). *2008/2009*	**$ 511,830**	($ 1,637,637) – $5,719,585	$0
Surplus (deficit) as a percentage of actual operating expenditures. *2008/2009*	**0.4%**	(1.7%) – 2.0%	0.0%

Indicator	2004/05	2005/06	2006/07	2007/08	2008/09	Target
Number of days able to operate with working capital. *2008/2009*	(24.24)	(24.8)	(22.45)	(21.59)	**(21.0)**	*Improve working capital*
Expenditures in program support funding pool as a percentage of total RHA operating expenditures. *2008/2009*	4.3%	4.4%	5.0%	5.0%	**5.2%**	<12% for Mamawetan Churchill River and Keewatin Yatthé; <5% for all other RHAs

Financial Summary

Overview

2008-09 was another successful year financially for SCHR, as it posted a surplus of approximately $511,830 (0.4% of actual operating expenditures). This surplus did help SCHR to continue to stay out of the line of credit of $1.0 million.

Financial Performance - Specifics

- Over-all, revenues were higher than the 2008-09 budget ($5,486,391 or 4.9%) due to:
  - Increased funding from the Ministry of Health ($4,817,679 over budget) which is mainly for contracted salary increases, primary health care funding and other special funding.
  - Other Provincial and Out-of-Province revenue increased significantly ($215,266 and $335,652 respectively over budget) due to more employment activity in the Region and increased out-of-province visits to the emergency departments.
- Salaries were over budget by $1,813,222 (2.80%) due settlement of the SUN agreement during the year, and an increase in sick time. Some of this was offset by staff vacancies.
- Drugs have decreased from budget by $110,377 (21.00%) due to regionalization of the distribution of drugs, and closer evaluation of appropriate use of more expensive drugs.
- Grants to ambulance services increased from budget by $32,500 (8.41%) due to EMS Fuel Support Initiative flow-through funding to all services.
- Grants to third parties increased from budget by $877,203 (5.10%) due to flow through funding for SUN agreement and other special payments.
- Medical remuneration and benefits increased from budget ($595,982 or 26.64%) and prior year ($993,591 or 54.01%) due to hiring two new physicians into Primary Health sites, some retro pay for physician on call and hiring VP Medical April/08.
- Other expenses increased from budget ($406,328 or 30.38%) due to advertising and promotions for recruitment in Ireland and an increase in the amount of recruitment bursaries.
- Professional Fees increased from budget ($678,403 or 102.35%) mainly due to contracting out our IT services.
- Repairs and Maintenance is higher than budget ($377,885 or 39.32%) due to projects and renovations that occurred in 2008-09.

SECTION 3 – Access to Quality Health Services

Primary & Integrated Health

Overview

Improving access to quality health services continues to be a major goal in 2008/09. Sun Country Health Region is committed to the principles of Primary Health Care and the utilization of a Primary Health Care model of service delivery. The Region continues to work with the Ministry of Health and local communities to create new sites or plan for potential ones for residents of the Region.

In the communities of Lampman, Midale, and Maryfield, the nurse practitioners have been working with visiting family physicians to enhance services in these communities. Along with other team members, the process of assessing community needs and matching services is ongoing in order to provide targeted collaborative care.

Chronic disease has become a major focus for Sun Country Health Region. With the rates of diabetes and cardiovascular disease increasing, more emphasis needs to be directed towards helping patients learn more about their disease, how to manage their disease better, and thus prevent complications.

In Radville, the team of two physicians, a dietitian, diabetic nurse educator, pharmacist, and other staff have concentrated their efforts towards better care of their patients. Working under the guidance of the Chronic Disease Collaborative of the Health Quality Council, it has been shown that there are much better clinical outcomes for the patients, translating into better health and improved quality of life.

Work is also ongoing with the management of patients with asthma. Co-ordinated education of the health team to assist the patients with improved self-management of their condition is leading to better control of their symptoms and fewer admissions into acute care.

SCHR, in partnership with communities, has successfully recruited professional staff and physicians in certain areas while losing some in others.

In the Arcola/Carlyle area, two more physicians were successfully recruited to the team, while the community of Coronach has been without a resident physician since June, 2008.

Pangman and Bengough just recently replaced their physician, who had left in October, 2008. These disruptions have resulted in the closure of the emergency departments in those health facilities, with no physician clinic services available locally to those residents.

The Kipling community enjoys the services of two full time physicians, while plans and discussions continue for recruitment of a third physician to the area.

Insufficient staffing has also resulted in minimum laboratory and x-ray services at the Bengough, and Lampman Health Centres for periods of time during the year.

SCHR continues to work on its plan to resume obstetrical services at the Weyburn General Hospital which were suspended two years ago.

Most of the professional nursing staff positions have been filled and plans for education and orientation to that service have been made.

The Region continues to work with the other professionals to ensure that the other components such as surgical back-up and anesthetic services are available to safely re-establish the program. SCHR is working diligently to recruit new staff so full service will again be offered at those sites. During the various disruptions of services, careful planning and backup options are developed to ensure a planned approach for safely meeting the majority of the health needs in the community.

Results: Wait times

Waiting time for surgery is an important dimension of accessibility. Delays in service have potential quality of life consequences for clients and result in both clients and families being discouraged from future care-seeking behavior.

- Sun Country Health Region exceeds the provincial average for providing several levels of surgical cases within the target time frames. In Sun Country Health Region, 620 surgeries were performed within the target time frames, which was 96.9 per cent of the target indicated by the Ministry of Health. The total per cent of cases waiting more than 12 months was 9.9 per cent (18 cases) and most of these had been offered at least one surgical date that was not accepted.
- The per cent of surgeries performed within the target time frames still remain high, particularly in Priority Level I and II. This is a challenge when the majority of our surgery is performed by itinerant surgeons who come intermittently every other week for one to two days.
- This year, SCHR also did some extensive work to ensure the data will be accurate on the Wait List. It is noted that 99.8 per cent of our Priority Level IV surgeries were performed within 12 months, well over the provincial average.

Indicator		RHA Value	Target
Percentage of Priority Level I, II, III and IV surgical cases completed within target time frames. *2007/2008*	Priority Level I within 3 weeks	**40%**	95%
	Priority Level II within 6 weeks	**75%**	90%
	Priority Level III within 3 months	**80%**	90%
	Priority Level IV within 12 months	**100%**	90%
Cumulative number of surgical cases performed as a percentage of target and variance from target. *2007/2008*	Percentage of target	**96.9%**	100%
	Variance from target	**(20)**	*not applicable*

Indicator		RHA Value		Provincial Value	
Number and percentage of surgical cases on wait list that have already waited over 6, 12 and 18 months. *2009*	Already waited more than 6 months	**40**	**22.0%**	10,127	37.3%
	Already waited more than 12 months	**18**	**9.9%**	4,274	15.7%
	Already waited more than 18 months	**5**	**2.7%**	1,811	6.7%
Total Cases Waiting. *2009*		**182**		27,177	

Results: Primary Health Care

During 2008/09 SCHR provided primary health care by an approved Primary Health Care team to approximately 12 per cent of the population. This was an increase since 2007/08.
We collaborated with the Ministry, physicians, and the communities to establish the primary health care team and opened the Primary Health Clinic in Carlyle in the fall of 2008.This team is providing services to the residents of Carlyle, Arcola, and surrounding areas. A nurse practitioner as well as a community pharmacist is essential partners in the team, along with the three physicians and other health professionals.

Indicator		Q1	Q2	Q3	Q4
Number and Percentage of Discrete Clients Receiving Primary Health Care Services in the RHA. *2008/2009*	Number	**1,440**	**1,578**	**1,859**	**1,132**
	Percent	**11.6%**	**11.6%**	**11.6%**	**11.6%**

Community Health

Overview

Indicators to measure success in the area of health promotion and disease prevention are critical in measuring the effectiveness of health promotion activities. The outcomes of health promotion initiatives take several years to see the positive results. SCHR is confident about its ongoing health promotion strategy.

Results: Alcohol and Drug Programs and Services

Waiting time is an important dimension of accessibility. Delays in service can result in harm to persons exhibiting alcohol and drug addiction and their families as well as discouraging future treatment seeking behaviour.

In SCHR, drug strategy committees have been formed in the communities of Kipling, Weyburn and Estevan to work on reducing alcohol and drug use and abuse.
Addictions staff received increased requests for services and information from rural and urban schools.

Planning also proceeded for the development of a community housing proposal for clients who require stabilization and transitional housing when they are in the early stages of recovery from an addiction, and where they require greater support then what may be available to them within their own family/personal setting. Provincial funding will be received in 2009-10 to establish and provide community-based services to up to four client/residents at any one time, as well as provide support to additional clients who may be on a wait-list for the housing service.

Indicator	2007/08	2008/09	Target
Average Wait Time (in days) for Admission to Alcohol and Drug Outpatient Services by Regional Health Authority of Service. *2008/2009*	10.9	**8.9**	*to be determined*

Results: Tobacco Reduction

Sun Country Health Region continues to support the de-normalization of tobacco. Staff participated in provincial consultations regarding the development of a provincial Tobacco Strategy. SCHR continues in the promotion of the Regional Tobacco Policy which states that there is no tobacco use in regional facilities and on the grounds.

For residents wishing to quit, the Region has promoted Smoker's Helpline and has also held a cessation class.

Some of the Region statistics on smoking rates are higher than ideal but improvements are occurring. Most age groups are showing a slight decline or have reached a plateau, therefore our numbers aren't increasing. Some ages have shown a decline i.e., youth smoking rates. The age group that shows the highest smoking rates is the 25-45 year old group which is a very hard group to reach. Statistics show the number of cigarettes people smoke each day has decreased. Therefore, SCHR's smoking restrictions are causing people to change their behavior.

Results: Search Institute 40 Developmental Assets

Health Promotion staff has been trained on the 40 Developmental Assets promoted by the Search Institute, an independent, nonprofit organization whose mission is to advance the well-being of adolescents and children. The 40 Developmental Assets are positive experiences, relationships, opportunities and personal qualities that young people need to grow up healthy, caring and responsible. Staff will support and work with communities to develop strategies to support and build on these assets locally.

Results: Rabies

Twenty of the 49 animal rabies cases in Saskatchewan during 2006 and 2007 occurred within SCHR. During 2008, SCHR developed a rabies awareness campaign that was released in the fall, incorporating the Saskatchewan Association of Veterinary Technologists Inc.-approved program called "Doggone Safe." The campaign included handouts for students and parents, and education events at schools upon request. A display will be at the SCHR Patient Safety conference in October.

Results: Palliative Care Program

A revision of some of the forms and standardization of the processes and teams across the Region began as a result of a 2007 review of the Palliative Care program. Front line nurses also requested continued access to the Palliative Care Coordinators for consultation on specific clients, especially in the areas of pain management and disease research. The number of Palliative Clients varies from month to month, but approximately 75 active clients receive services. Sun Country Health Care has a palliative services ratio of 28.6, compared to a provincial average of 34.6. Provincial Home Care Lead Committee continues to meet to attempt to address discrepancies in definitions and data capture.

Results: Dental Health Screening

Provincial screening of all Grades 1 and 7 students is underway by the dental health educator. This was last done five years ago. Twenty two schools in SCHR participate in the fluoride mouth rinse program

Results: Rural Health & Safety

A draft rural health survey for RMs in the Region is being developed. Plans are underway to promote the "Grow up with Safety" resource in Grades 1 to 9.

Results: Accessible Nutritious Foods Subcommittee

- SCHR Public Health Nutritionist is helping to establish a Community Kitchen in Weyburn, to be available to everyone in the community. The Nutritionist is also involved in a recreational facility healthy food policy resource kit that will be used throughout the province in partnership with Sask Parks and Recreation.
- Opportunities continue to work with schools within SCHR to develop nutrition policies. Strong interest from schools and school divisions continue. The importance of the development and implementation of healthy school food policies is a valuable upstream health promotion activity in improving the health status.

Results: Staff Training and Evidence-Based Practice

- Through the Provincial Workforce Retention Program, the 5 Southern RHAs were awarded a grant of $164,000, which ended in March 2009, to assist in training staff in Cognitive Behavior Therapy (CBT), an internationally recognized evidence-based practice for treating Depression, Anxiety Disorders and Acting Out behaviors. Within SCHR, about 30 staff members across the five Mental Health and Addictions programs have been trained.
- A regionally qualified staff provided training to other staff and community members in Applied Suicide Intervention Support Training.
- Mental Health and Addictions (MH&A) staff members continue to participate in "on-line" cross training provided by the Centre for Addiction and Mental Health located in Toronto. This now includes all Full Time inpatient Nurses and all Special Care Aides.
- All Inpatient Nurses have received Mentorship training.
- An evaluation of requirements for staff to be trained in Professional Assault Response Training (PART). Two inpatient staff has received advanced training. Given the relative isolation many staff work in, all MH&A staff will receive the advanced PART training.

Results: Student Preceptorship and Nurse Mentoring

- Provided Practicum placements to 5 students, including: a jointly supervised Social Work Practicum Student between Mental Health and Addictions; an Addiction student; Child and Youth in Weyburn participated in a pilot Project with the University and Primary Health in "sharing" the student between the two departments; two Speech Language Pathology students.
- Four Nursing students were preceptored within the service.
- 2 graduate Nurses were placed on the Inpatient unit as part of the Provincial mentorship Program. The Manager has devised a site specific service, whereby any of the Inpatient Nurses are skilled to act as a mentor, allowing greater experience and work flexibility to the Graduate Nurse.

Results: Psychiatry

SCHR enjoyed the successful recruitment of a Psychiatrist from Ireland who began work in August 2008. Psychiatry is using Telehealth for regional Grand Rounds, admission and discharge planning and case conferences. Plans in 2009 are to expand this service to begin 'Telepsychiatry' services throughout the region, pending the installation of network cable in the Community Health Building in Weyburn.

Results: Mental Health Services

- Gradually encompassing all regional Intake services with a plan in 2009-10 to incorporate regional Addictions Programs.
- Intake referrals average approximately 110 discrete clients/month.
- Estevan and Weyburn clinics are both averaging 40-50 people waiting to receive services at any given time.
- Improving medication reconciliation process through the implementation of gathering data at the intake, assessment stage and following up on this while the client receives treatment.

Results: Home Care

A Skin & Wound Care Resource Nurse was hired on a permanent 0.5 FTE basis. The plan is to enroll the nurse in an advanced wound care course to meet the competencies for the position, organize staff education in wound care and wound care products, and standardize products. The department is organizing a one-day, staff education workshop called The Art and Science of Wound Care – Fundamentals of Wound Management and facilitated by wound care educator from Calgary for the fall of 2009. The goal of the course is to provide an environment to support the exploration of the complex and dynamic processes involved in wound healing and impact.

Results: Pandemic Planning

The region continues to coordinate regional pandemic planning and participation on the Pandemic South Regions Forum Committee. The Pandemic South Regions Forum Committee has provided opportunities to enhance and support the ongoing regional pandemic planning activities. Key partnership planning activities involve recommendations and advocating for professional clinical guidelines during a pandemic. The process of purchasing and the stockpiling of necessary supplies; and human resource planning to maximize opportunities for staff are other key strategies. Pandemic planning is necessary to reduce the morbidity and mortality rates from an influenza pandemic through surveillance, early detection, intervention and mitigation upon detection of a newly identified influenza virus. Providing accurate and timely information and education to employees, physicians, the public, stakeholders and the media is another key component of pandemic planning.

SECTION 4 - Providers

Human Resources

Overview

Consistent with other health care organizations, SCHR faces challenges in recruiting and retaining staff. Highly trained health care workers are in demand provincially, nationally and internationally. Given the demand, applicants have choices for employment opportunities. Meanwhile, employers like SCHR have ongoing challenges with an aging workforce and the rural location of some health care facilities. The goal is to maintain and improve SCHR's progressive recruitment and retention programs so the Region can compete for these qualified health care providers.

Results: Leave for illness

Sick leave hours in SCHR per full time equivalent (FTE) during 2008-09 are slightly higher on an aggregate basis than the provincial average. This high absence from scheduled work creates pressure on the organization to maintain services due to limited replacement staff, and results in increased overtime. The aging workforce and the physical nature of work are contributing factors to the increased incidence of illness or injury.

Indicator		RHA Value	Provincial Value	Target
Number of sick leave hours per full time equivalent (FTE) by affiliation. *2008/2009*	Provider Unions (CUPE, SEIU, SGEU)	**89.61**	90.28	*to be determined*
	HSAS	**67.45**	68.53	*to be determined*
	OOS/OTHER*	**54.38**	46.80	*to be determined*
	SUN	**92.36**	87.85	*to be determined*
	Organization as a whole	**85.63**	84.09	*to be determined*

Results: Overtime

A high overtime rate, although substantially less than the provincial average, indicates a lack of available staff to work due to reasons such as sick time usage, unfilled positions especially in rural-based positions and leaves including vacation and general leaves. Unfilled shifts due to the lack of relief and part time workers often are covered with overtime worked by existing staff.

Additional challenges in staffing and overtime payments resulted from the significant number of gastrointestinal and respiratory outbreaks in 2008-09 in facilities across the Region. Some facilities that were quarantined resulted in the need to pay additional overtime.

Indicator		RHA Value	Provincial Value	Target
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation. *2008/2009*	Provider Unions (CUPE, SEIU, SGEU)	**45.49**	50.62	*to be determined*
	HSAS	**53.44**	26.14	*to be determined*
	OOS/OTHER*	**6.48**	3.50	*to be determined*
	SUN	**42.56**	87.48	*to be determined*
	Organization as a whole	**41.98**	52.20	*to be determined*

* OOS/Other - this statistic includes non-unionized front line staff from one facility.

Results: WCB Claims

During 2008-09, SCHR continued to schedule employees for occupational/physical therapy services for functional and return-to-work programs. This enables employees to heal faster and return to work sooner. The number of lost-time Worker's Compensation Claims for full time employees continues to drop but at a slow rate. The number of claims per full time equivalent in SCHR is below the provincial average. However, the duration of each claim is trending to a longer time frame. Most of these employees may require further education to return to the workforce. Vocational rehabilitation costs, as well as the costs to implement return to work programs will trend higher over the coming years.

Indicator		2004/05	2005/06	2006/07	2007/08	2008/09
Number of lost-time WCB claims per 100 full time equivalents (FTEs). *2008/2009*	**RHA**	**6.09**	**5.99**	**5.51**	**5.25**	**5.21**
	Saskatchewan	8.94	8.07	7.67	7.12	6.93
Number of lost-time WCB days per 100 full time equivalents (FTEs). *2008/2009*	**RHA**	**388.91**	**512.06**	**608.39**	**499.28**	**523.61**
	Saskatchewan	419.10	447.10	468.45	451.26	447.17

* OOS/Other - this statistic includes non-unionized front line staff from one facility.

Results: Aboriginal Awareness Training

Aboriginal Awareness Training is a program delivered to all staff of SCHR. The goal is to create awareness and understanding of partnership agreements, the Representative Workforce Strategy and to prepare a welcoming workplace for Aboriginal peoples through education. The program fosters a positive and supportive climate, with the hope of integrating aboriginal people into the work force.

- To date 1,750 employees (up from 1,380 employees last year) of a total of 2,300 employees have received the training.

- A Diversity Audit was implemented in 2008-09 to self-identify the number of Aboriginal and other minorities employed in SCHR. The data from the audit will be used to evaluate statistical changes and to determine recruitment and retention issues of self-identified employees.

Results: Recruitment and Retention

Recruiting qualified employees for SCHR remains an ongoing challenge. Over the past year, SCHR's recruitment efforts have taken recruiters outside the Saskatchewan and Canadian borders to other countries, including England, Ireland and the United States. Recruiting efforts have also included the Philippines.

With respect to retention, understanding what factors inspire staff to remain in a work place is crucial to retaining today's staff members. The quality of the work environment has a direct impact on recruitment and retention. Therefore, improving work place practices based on factors that enhance employee commitment is one of SCHR's key initiatives.

- SCHR has initiated with SUN a partnership to collaboratively plan how to recruit and retain current Registered Nurses and Registered Psychiatric Nurses. This partnership is ongoing.
- SCHR has grown its mentorship program for new grads.
- SCHR continued with quality work place initiatives with employees in numerous facilities, Public Health and Mental Health Services. These initiatives involved employees in their planning and delivery.
- Transfer Lift and Repositioning Training as well as Personal Assault Response Training continued throughout the year. With the additional capital funding of almost $1 million from the Ministry of Health, SCHR purchased new and improved pieces of equipment, such as patient lifts and electric beds, to reduce workload and workplace injuries.
- A Student Placement Program continues to be offered to students in professional programs requiring a work place experience component. Placements have occurred in various professional disciplines, including nursing (acute care, community mental health, mental health inpatient and public health), public health inspection, Population Health promotion, social work, speech-language pathology, health records, and psychology, pharmacy, diagnostics, and nutrition services.
- An aggressive marketing and recruitment initiatives continued in 2008-09 to attract workers. SCHR hired a Regional Director, Recruitment and Retention; placed more advertisements; attended additional career fairs and offered expanded bursaries and relocation allowances. A new, more user-friendly website was initiated in January 2008 which assists with recruitment efforts. There continues to be linkages with both community members and educational institutions to enhance SCHR's total recruitment effort.

Future Outlook/Emerging Trends

SCHR is committed to meeting the organizational and program specific expectations as set out in the Accountability Document.

SCHR will continue to provide effective, comprehensive and an equitable range of health services to the residents of the Southeast within available human, physical and financial resources. Some key challenges and strategic initiatives for 2009-10 include:

PRIMARY HEALTH CARE
SCHR is committed to establishing and maintaining Primary Care sites to help address the goal of access. The Primary Health Care Team is very active in working towards improving regional access to quality Primary Health Care services. SCHR has also expanded some of its programs in Chronic Disease management and received special recognition on the following areas of improvement: Radville Collaborative and Cardiac Rehab - "Adapting the First Step Program in Sun Country Health Region;" Live Well with Chronic conditions program, Asthma Care (Estevan Primary Health Team); Drug Management in Long Term Care – Tatagwa View Team; and discharge planning at Weyburn General Hospital.

HOME CARE
It has become increasingly difficult over the past year to recruit and retain Home Health Aides in all sectors of home care. Service delivery has become more challenging in all sectors. Home care has an increasing role in case management and advocacy as required through the health care system, with an emphasis on client self-management. It is expected there will be an increase in the utilization of electronic systems in community health for provision of educational sessions, data collection and analysis.

TOBACCO REDUCTION
SCHR continues to support the de-normalization of tobacco. Staff participated in provincial consultations regarding the development of a provincial Tobacco Strategy. SCHR continues in the promotion of the Regional Tobacco Policy, which states that there is no tobacco use in regional facilities and on the grounds. For residents wishing to quit, SCHR has promoted Smoker's Helpline and has also held a cessation class. Some of SCHR statistics are higher than optimal but changes are occurring. Most age groups are showing a slight decline or have reached a plateau, therefore the numbers aren't increasing. Some ages have shown a decline i.e. youth smoking rates. The age group that shows the highest smoking rates is the 25-45 year old group, which is a very hard group to reach. Even though the statistics show that people are continuing to smoke, the statistics are showing that the number of cigarettes they are smoking in a day have decreased. Therefore, SCHR smoking restrictions are causing people to change their behavior.

SEARCH INSTITUTE 40 DEVELOPMENTAL ASSETS
Search Institute is an independent, nonprofit organization whose mission is to advance the well-being of adolescents and children. The 40 Developmental Assets are positive experiences, relationships, opportunities and personal qualities that young people need to grow up healthy, caring and responsible. SCHR staff has been trained on the 40 Developmental Assets. Staff will support and work with communities to develop strategies to support and build on these assets locally.

MENTAL HEALTH AND ADDICTIONS

SCHR will continue to enhance the Population Health provincial program to provide outreach and support services to youth. Various communities in SCHR have formed Drug Strategy Committees to examine drug and alcohol use and misuse. The purpose of a drug strategy is to stimulate community initiatives to address community identified priorities and needs. Three communities have developed drug strategy committees. These committees will continue to work on reducing alcohol and drug use and abuse with the support of SCHR.

PANDEMIC PLANNING

SCHR continues to coordinate regional pandemic planning that will provide a plan that serves to strengthen the Region's capacity to prevent, be prepared for, and respond to public health risks. The regional pandemic plan will provide activities to reduce the impact of the virus on public health and will incorporate national and provincial strategies. Key partnership planning activities involve recommendations and advocating for professional clinical guidelines during a pandemic. Pandemic planning is necessary to reduce the morbidity and mortality rates from an influenza pandemic through surveillance, early detection, intervention and mitigation upon detection of a newly identified influenza virus. Providing accurate and timely information and education to employees, physicians, the public, stakeholders and the media is another key component of pandemic planning.

RECRUITMENT AND RETENTION

Recruitment and Retention continues to be a challenge for Sun Country Health Region, especially in the rural sites. Various resources are being utilized to fill vacancies in nursing, physician and specialist services, medical laboratory technologists, combined lab/x-ray technologists, physiotherapy and out of scope managers. Several disruptions in services at various rural sites occurred throughout the year and it is anticipated that this will continue until a more stable workforce is attained. SCHR will continue to develop a long range human resource succession plan to meet the anticipated needs in the future.

The Group Practice Policy approved by the College of Physicians and Surgeons of Saskatchewan will affect recruitment of physicians and delay final deployment of any International Medical Graduates into its final practice opportunities.

SCHR Bursary Program provides financial assistance to students who are seeking education opportunities in hard-to-recruit positions such as nursing, physicians, and Combined Lab/X-ray Technologists.

Clinical Placement Program – provision was made for additional students at various sites throughout SCHR.

ACCREDITATION

A Region-wide survey was conducted in May 2008 by representatives from Accreditation Canada. Sun Country Regional Health Authority has been awarded accreditation status: Accreditation with Condition: Reports.

This means that SCHR will report back to Accreditation Canada on the progress being made in some key areas including medication reconciliation, ethics, infection control, and patient safety. These are areas where CQI Teams have done a lot of work already and are prepared to provide updates to Accreditation Canada as required. The CQI teams will be leading the coordination and work on the identified areas for improvement.

CAPITAL AND INFRASTRUCTURE

Capital and infrastructure renewal will continue to be required in the future to ensure functional and safe facilities are available across SCHR to support services to all its acute, long term care and ambulatory patients/residents/ clients, as well as for staff.

SCHR appreciates the capital infrastructure funding it received in fiscal 2008-09 and looks forward to working with the Ministry of Health to address the high priority facility building assessment findings from the VFA Canada report.

Significant progress has been made with the replacement project of three facilities in Kipling, Radville and Redvers. With the tender awarded to Integrated Consultancy Services, functional programming is well underway with the completion of the needs assessment and proposed facility services and sizing (beds). This information was reviewed with and supported by each of the communities Local Working Committees. The needs analysis and supporting recommendations form part of the over-all Functional Program for each of the new facilities. Estimated completion of the Functional Plans is early to mid-July 2009 at which time they will be forwarded to the Ministry of Health for review and approval.

To assist and validate the needs assessment data developed by the Functional Programmers, a Saskatchewan expert in this regard was contracted to provide up-to-date data on population demographics and applicable trends into the future.

The Master Project Plan has been drafted. All documentation is scheduled to be completed to allow for construction tender call on October 31, 2009.

PERFORMANCE MEASUREMENT

Sun Country Health Region has been asked to lead an initiative jointly with the Ministry of Health, Financial Services Division in developing a scorecard of Performance Measures that would be adopted provincially. A second component to this initiative is contemplating various best practice options for Enterprise Resource Planning and supporting tools in the context of a Provincial Strategy. This important piece of work would support integration of clinical/service outputs, financial, human resource, workload, and payroll data for inter and intra regional and provincial comparisons against established targets and benchmarks.

LEAN

SCHR has embarked on its LEAN journey. LEAN is as much a cultural transformation as it is a set of tools to assist in improving processes and outcomes by eliminating waste and reducing error.

SCHR has recruited a LEAN Specialist whose principal responsibility is to lead intensive organizational-wide training in LEAN approaches building necessary capacity and commitment to implement and sustain the approach. Strong leadership and grass roots champions serve to empower and maintain the impetus for improvement.

Expected Outcomes:

- improved patient outcomes;
- improved efficiency;
- improved customer focus and service;
- improved patient safety;
- improved patient/provider/public satisfaction;
- alignment of medical and non-medical continuous quality improvement initiatives.

Patient First/Safety: is another area that lends itself to the LEAN philosophy. The target of the LEAN approach is to have zero defects or errors. This means making safety the goal of every step of health care delivery. The goal is that safety mistakes should be corrected as soon as possible and as close as possible to their point of origin. All staff must feel that they can identify and stop the mistake.

ENERGY PERFORMANCE CONTRACTING

SCHR has partnered with SaskPower in a $1.7 million Energy and Facility Renewal project involving 21 facilities. Once complete the project will reduce energy costs with a guaranteed annual savings of $167,189, improve health and comfort, improve infrastructure and support moving towards a greener environment.

QUALITY AS A BUSINESS STRATEGY

SCHR is participating in this learning collaborative sponsored by the Health Quality Council. The SCHR is committed to partnering in the transformation of the health system by imbedding quality into all aspects of the organization in the context of the "voice of the customer."

Governance and Transparency

The role of Sun Country Regional Health Authority (SCRHA) Board of Directors is to govern the organization to fulfill its mission. SCRHA exists so that there will be:

- Optimum health throughout lifespan;
- Primary health care available to everyone within the region;
- People taking personal responsibility for their health;
- A significant decrease in the incidence of preventable diseases;
- Public Policy supporting healthy living;
- Healthy environments; and
- Safe provision of care.

The Board of Directors is responsible to uphold its fundamental principles and values and to determine organizational performance based on satisfactory outcomes.

Collectively, the job of Sun Country Regional Health Authority Board of Directors, which cannot be delegated, is to:

1. Provide accountability to the residents for SCRHA activities.

2. Provide the link between the organization and the community.

   2.1 Provide SCRHA highlights to the public following regularly scheduled meetings.

   2.2 Hold open Board meetings monthly for public attendance.

3. Develop written governing policies which, at the broadest levels, address:

   3.1 Ends/Outcomes: Results, impacts, benefits and outcomes (what good, for which needs, at what cost). These policies are to include, but are not limited to, a written vision, mission statement and strategic goals.

   3.2 Executive Limitations (On the Means): Constraints on executive authority that establish the prudent and ethical boundaries within which all executive activity and decisions take place.

   3.3 Governance Process: Specifies the approach SCRHA uses to conceive, carry out and monitor its own task, as well as presents the statement of values and philosophy.

   3.4 Board of Directors-CEO Relationship: How power is delegated and its proper use monitored; the CEO role authority, and accountability.

4. Determine staff performance in achieving the results defined in the Ends/Outcome policies, and not exceeding the constraints in Executive Limitations policies, through monitoring and evaluation of the Chief Executive Officer.

5. Develop statements of principles and positions related to public policy that represent the health interests of the community.

More specifically, the SCRHA will:

1. Focus chiefly on intended long term impacts on the community outside the organization, not on the administrative or programmatic means of attaining those effects.

2. Direct, control and inspire SCRHA through the careful deliberation and establishment of the broadest organizational values and perspectives. Policies will address:
   (a) the desired results;
   (b) the boundaries of prudence and ethics;
   (c) SCRHA roles and responsibilities and
   (d) the Board-CEO relationship.

3. Enforce upon itself and its members whatever discipline is needed to govern with excellence. Discipline will apply to matters such as attendance, policy-making principles, respect of clarified roles, speaking with one voice, and self-policing of any tendency to stray from governance adopted in SCRHA policies.

4. Be accountable to the general public for competent, conscientious, and effective accomplishment of its obligations as a body. It will allow no officer, individual or committee of the SCRHA to usurp this role or hinder this commitment.

5. Initiate policy, not merely react to initiatives.

6. Monitor and regularly discuss the Board of Director's own process or performance. Provide continuity of its governance by continuing education and development.

7. Use the expertise of individual members to enhance the ability of the SCRHA as a body to make policy, rather than to substitute the individual's values for the group's values.

SCRHA Board of Directors

The SCRHA is governed by the Board of Directors. The SCRHA Board of Directors consists of 11 individuals from various communities within the Sun Country Health Region who are appointed by the Minister of Health. There is a vacancy on the Board. The newly appointed board was put in place in February, 2009.

Committee Structure

The Committees of the Board of Directors exist to assist in decision-making to carry out their responsibilities. The Board has two (2) working committees: the Finance and Audit Committee and the Executive Committee.

Finance and Audit Committee: Board membership is appointed by the Board of Directors. The Committee oversees the management of all funds, in accordance with Provincial guidelines and Generally Accepted Accounting principles and auditing procedures and ensures that reporting requirements and public disclosure is adhered to in accordance with relevant legislation.

The Executive Committee: The purpose of the Executive Committee of SCRHA is to make decisions on behalf of the Board that require urgent attention when it is not possible to obtain a quorum of the Board.

Authority: The Committee does not have authority to change or contravene Board policies.

Membership: The committee consists of:

- Board of Directors chairperson, who acts as chair of the committee.
- Board of Directors Vice Chair
- Board of Directors members (2)
- President/CEO

Administrative support: The President/CEO or designate provides administrative support to facilitate the work of the Committee.

Meetings: Meetings are held at the call of the chair. Minutes of the meeting are distributed to all members of the Board of Directors. Minutes of the meeting are maintained with Board of Directors' minutes.

Reporting: The Executive Committee reports to the SCRHA Board of Directors by submission of a written report with appropriate verbal comment from the Committee Chair.

Health Advisory Networks

SCHR has established working relationships with community based committees such as Community Foundations, Community Trust Committees, and Community Health Advisory Committees to accomplish the activities envisioned for the Health Advisory Networks.

The organizations with which SCHR has built relationships are:

- **Bengough Health Advisory Committee**
- **Borderline Housing Board of Directors**
- **Brock Union Hospital Foundation Corporation**
- **Carievale Community Health Advisory Committee**
- **Coronach Health Advisory Committee**
- **Creighton Lodge Trust Committee**
- **Father Yandeau Memorial Foundation**
- **Fillmore Community Health Advisory Committee**
- **Fillmore Health Centre Trust Committee**
- **Gainsborough & Area Health Centre Trust Committee**
- **Galloway Trust Committee**
- **Golden Years Suites**
- **Kipling District Health Foundation**
- **Lampman Community Health Centre Trust Committee**
- **Mainprize Manor & Health Centre Trust Committee**
- **Maryfield Community Non-Profit Corporation**
- **Moose Mountain Lodge Foundation**
- **Pangman Health Advisory Committee**
- **Radville Marian Health Centre Board of Directors**
- **Redvers & District Community Health Foundation Inc.**
- **St. Joseph's Hospital Foundation**
- **St. Joseph's Hospital in Estevan Board of Directors**
- **Wawota Health Care Foundation Inc.**

Public Transparency

Maintaining public transparency is a process that is ongoing. Significant achievements include:

- Establishing a plan for disseminating information to staff members and community representatives about plans and directions.
- Development of strategies to provide regular and timely communication to the staff and the public through the Communications Department.
- Various presentations to staff and community groups about the identity and services offered.
- The printing and making available of copies of the Annual Report and on SCHR's website.
- Meeting with community groups to discuss issues on a regular basis and provide education on services that are available.
- Regular Board meetings are open to the public.

Members of the Sun Country Regional Health Authority

1. **Sharon Bauche, Chairperson**
2. **Marilyn Charlton, Vice-Chairperson**
3. **Alan Arthur**
4. **Lori Carr**
5. **Vernon Palmer**
6. **Debbie Pedlar**
7. **Derrell Rodine**
8. **Lorne Rygh**
9. **Darlene Standingready**
10. **Karen Stephenson**
11. **Eileen Tunall**

PAYEE DISCLOSURE LIST

For the Year Ended March 31, 2009

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more.

ABDAI, GAIL	91,125.51
AKINS, SHENAN	78,591.89
ALELUNAS, PAT	88,801.60
ALEXUS, SHANNON	59,338.75
ANDERSON, CAROL	71,038.29
ANDREWS, CAROLYN	89,731.45
ASH, SCOTT	56,293.50
AVERY, SHELLEY	74,514.37
BAHT, JODI	71,980.06
BAKALUK, RANDALL	58,253.30
BAKKE, LORNA	97,820.74
BALOG, KIMBERLY	78,822.34
BARNABAS, IDA	110,036.44
BARSI, JEAN	55,127.51
BARSI, DOROTHY	76,179.33
BATES, MARJORIE	69,543.57
BATTERS, SHARON	66,093.02
BAUN, SHERI	60,336.35
BEAHM, JAN	80,211.67
BEATTIE, KELLY	78,610.33
BEAUDOIN, TRINA	50,545.55
BEDORE, TRACY	58,886.74
BELIVEAU HILL, KAREN	69,547.29
BELKE, BRADLEY	84,863.67
BEST, SHERLYNNE	71,329.12
BIEBERDORF, NATALIE	83,638.05
BLACKSTOCK, LINUS	58,877.28
BLACKSTOCK, BERNIE	84,441.31
BLEROT, KARLA	55,310.30
BLEZY, DIANNE	85,915.98
BODE, JEAN L	79,703.77
BOSTOCK, KRISTA	83,677.68
BOUTIN, FRANCES	53,099.51
BOUTIN, AGNES	92,038.30
BRAATEN, LUCILLE	55,161.58
BRADY, MARILYN	55,557.15
BRESCIANI, DOUGLAS	89,778.79
BROWN, PAULA	56,712.86
BROWN, CAROL	90,854.64
BRUMFIELD, BARRY	55,760.21
BRUNEAU, LOUISE	86,183.83
BUCKINGHAM, JOAN	65,225.12
BURAK, BRENDA	80,963.81
BURGESS, SUSAN	65,513.70
BURLEY, GORDON	56,295.84
BYE, CANDY	88,907.22
CAMERON, VALERIE	65,051.64
CHAPMAN, BECKY	60,974.48
CHARLES, LAUREL	50,954.04
CHEYNE, LOIS	52,137.14
CHURKO, CHERYL	50,270.37
CLARK, BARBARA	61,781.85
CLARK, SUSAN	73,891.81
CLAUDE, MIKE	77,062.51
CLEASBY, SANDRA	89,809.38
CLEMENTS, MARIE	50,344.32
COAD, SUSAN	56,398.51
COBB, LENORA	93,438.97
COFFEY, LOIS	90,938.48
COLE, LAURIE	81,521.53
COLLARD, CLEMENT	80,730.54
COLLARD, MARIE	96,807.18
COONEY, DONNA	101,391.72
CORKISH, ROBYNN	59,303.60
CORLEY, ROSY	50,163.29
CORNISH, MARNELL	98,746.86
CRASSWELLER, PATRICIA	75,228.14
CROSS, KENNETH	71,388.36
CROSS, SHANNON	72,040.07
CUDDINGTON, DENISE	53,896.77
CUGNET, HEATHER	51,077.03
CUGNET, MARGARET	135,879.61
CULY, SHANNON	65,283.37
DAENCKAERT, VERONICA	65,038.94
DAKU, JEAN	93,955.47
DANYLUK, SYLVIA	83,723.58
DAVIS, BOBBI JO	50,270.31
DAVIS, DONNA	57,908.03
DAVIS, KATHY	97,171.19
DEREN, MARY	72,659.18
DEROOSE, JUDITH	80,630.81
DEVRIES, LORIE	79,352.50
DEW, CATHARINE	67,719.74
DEW, HEATHER	68,523.20
DIXON, JEANNETTE	51,381.77
DOMES, DAWNE	60,991.95
DORNIAN, SUZANNE	50,332.27
DORSCH, HELENE	80,399.20
DOUGLAS, LINDA	51,189.08
DOUGLAS, ERIC	72,360.19
DUECK, ROBYN	69,375.75
DUFFUS, LINDA	90,041.65
DUXBURY, LAVAUGHN	58,624.92
EALEY, PAULA	53,555.01
EARL, SHAUNA	52,188.12
EAST, DEANNA	55,524.24
EASTON, COLLEEN	95,054.03
EBEL, JANET	79,699.47
EDDY, SHAUNA	56,285.68
EDDY, CHARLES	83,910.31
EDDY, KELLY	96,603.72
EDWARDS, MELANIE	53,583.41
EHMAN, DON	135,914.32
ELIAS WHITE, JENNIFER	90,920.43
FARNDEN, JOANNE	99,907.27
FARR, BECKY	69,922.03
FICHTER, TAMARA	66,369.80
FISH, KELLY	74,328.32
FLECK ZEPICK, KARYN	65,225.55
FOCHT, ROBIN	55,727.95
FOLBAR, CHRYSTA	57,691.83
FORNWALD, ECHO	54,103.88
FORNWALD, JUDITH	104,940.97
FORSETH, SHARON	62,529.02
FOX, MARVIN	70,875.84
FRANK, DEBRA	59,292.90
FREEMAN, BRENDA	98,746.84
GABRIEL, MAUREEN	96,314.40
GAMMACK, CAMERON	50,921.17
GARVEY, CARON	81,573.61
GECOSALA, CYNTHIA	62,286.67
GERESOLA, FEBE	87,407.69
GERVAIS, TAMMY	51,678.52
GERVAIS, JANIS	67,731.11
GIBSON, SUZANNE	62,241.09
GIBSON, JENNIFER	64,729.55

GIBSON, SYLVIA	81,668.09
GIRARDIN, THERESA	88,909.12
GIROUX, JANICE	135,914.32
GOBEIL, LOUISE E	51,044.13
GOERES, MURRAY	107,830.25
GOODBRAND, IVY	71,591.66
GOODFELLOW, ERIN	60,072.10
GORDON, LINDA	94,649.13
GREEN, DIANNA	77,366.07
GREENING, JEFFERY	84,556.34
GRIFFITHS, MARIE	59,024.67
GUENTHER, JILL	67,736.85
GUENTHER, CRYSTAL	79,480.79
GUILLOUX, EDITH	82,264.70
GUSTAFSON, WENDY	50,441.38
GUSTAFSON, HEATHER	66,580.25
GUTHEIL, CAROLE B	80,101.30
HAMMELL, LAURIE	50,233.29
HARVEY, MARION	60,491.48
HASE, WENDY	57,308.70
HAUGLUM, TERRY	89,171.09
HAUPSTEIN, PAMELA	96,759.02
HEAMAN, JENNA	70,117.96
HELMER, JOANNE	55,124.79
HENRY, KAREN	85,114.88
HEPTING, BONNIE	95,492.80
HERBERHOLZ, JUDY	50,354.04
HERMAN, COLLEEN	62,360.32
HERMANN, HOLLEY	63,367.38
HILL, MARILYN	56,696.99
HILL, LAURIE	84,038.57
HILL, G RONALD	89,585.44
HILLSTEAD, TAMMY	54,380.09
HINS, PASCAL	80,656.75
HOFFART, RICHARD	52,669.41
HOFFART, DEANNA	73,118.82
HOFFART, SHELLEY	82,771.72
HOIUM, CYNTHIA	84,075.78
HOLLINGSHEAD, JOANNE	98,918.30
HOUSTON, NORA	79,633.60
HOWSE, KEITH	54,874.48
HUEL, TANIA	78,533.29
HUME, LYNETTE	94,331.15
HUNTER, CHRISTINA	81,195.72
HUTT, CHERYL	54,056.58
IRWIN, SARA	93,169.75
ISLEIFSON, BERTHA	57,283.15
JANZEN, ELAINE	84,967.84
JEANNOT, BRYCE	58,917.64
JENSEN, CHRISTOPH	67,497.57
JOHNSON, JOANNE	72,346.59
JOHNSON, ANNE	72,604.74
JOHNSON, CHERYL	85,734.55
JOHNSON HALLBERG, LISA	81,897.05
JONASSEN, LOUANNE	73,583.27
KAPELL, TAMARA	71,896.76
KAPELL, RILLA	73,716.61
KATSCHKE, LORNA	81,103.54
KAUF, BERT	62,926.63
KEATING, JOSELENE	55,307.71
KEHLER, ANITA	66,655.58
KENNETT RUSSILL, DEBRA	64,620.99
KERR, JANE	98,407.32
KESSLER, LOUISE	54,221.22
KESSLER, PATRICIA	98,747.25
KETURAKIS, MARY JANE	66,712.86
KEW, VIVIAN	75,390.96
KING, HEATHER	60,434.01
KISH, TOMMI	50,906.98
KITCHEN, DONNA	64,235.70
KLEIN, TERRY	59,731.56
KLEIN, SAMANTHA	70,773.53
KLEPPE, LAURIE	52,742.57
KNIBBS, RELNA	65,001.62
KOBITZ, SHEILA	77,173.41
KOLESNIK, MONICA	61,742.75
KOPEC, CANDACE	60,395.55
KOSIOR, DEBORAH	77,059.92
KOT, GRACE	79,841.40
KRAEMER, ELAINE	51,135.31
KRAEMER, MAUREEN	76,828.83
KUNTZ, BARB	63,066.52
KWOCHKA, TAMMY	50,479.43
KYRYLCHUK, JUDY	86,387.75
LALIBERTE, GLORIA	58,897.83
LAMONTAGNE, SHIRLEY	81,500.90
LANSDELL, LANA	57,816.79
LAROSE, MICHELLE	64,702.02
LARSON, JODY	60,682.81
LARSON, SHEILA	123,841.53
LAURENT, CARLA	67,375.60
LAURENT, DEBRA	95,063.71
LAUTNER, FREDA	56,887.98
LAWRENCE, LEANNE	54,728.17
LAWRENCE NAYLEN, NANCY	54,579.54
LECLAIRE, BEATRICE	53,251.95
LEE, JENNIFER	74,888.59
LEE, COLLEEN	81,611.79
LEE, MICHAEL	101,174.43
LEMIEUX, MELANIE	66,256.37
LESY, J VAUNE	68,179.91
LODEN, CATHERINE	50,532.56
LONOWAY, WESLEY	63,597.75
LOW, LAURA	52,847.89
LUECK, SHELLEY	54,230.42
LUSCOMBE, MICHELLE	80,275.06
MAAS, BRIAN	58,357.51
MACCLEARY, ANGELA	74,121.39
MACK, CRYSTAL	60,002.23
MACPHEE, ALAN	83,982.67
MAGNIEN, VALERIE	55,060.92
MALIN, KATHLEEN	53,487.36
MANNS, DANIEL	54,344.05
MANTEI, LANA	92,493.53
MARCOTTE, JANE	51,192.19
MAREK, PATRICIA	54,900.71
MARSHAK, ESTHER	70,545.30
MARSHALL, PAULINE	55,323.49
MARSHALL, GWENDA	85,846.15
MATSALLA, DONNA	64,636.05
MAURER, DAWN	88,646.69
MAY, PATRICIA	95,063.72
MCAULEY, RICHELLE	64,944.49
MCCALLUM, TRENT	71,062.78
MCCLARTY, LEILA	95,063.71
MCCORMICK, JUDITH	92,863.36
MCFADDEN, KATHY	62,334.10
MCKAY, MONA	87,600.91
MCKEE, PENELOPE	58,580.31
MCLEOD, IRENE	84,812.10
MCNICHOL, MICHELLE	65,961.63
MEGENBIR, JOHN	68,230.29
METZLER, BETTY	81,033.17
MILDENBERGER, CHRIS	62,359.64
MILLER, GLORIA	64,311.91
MILLER, WANDA	72,346.59
MILLER, JOAN	91,959.27
MILLIGAN, CONNIE	59,846.28
MILTON, JULIE	61,562.49
MITTEN, MICHELE	85,285.99
MLYNARSKI, STEPHANIE	72,135.46
MOFFAT, JACK	55,913.76
MOHR, SUSAN	72,311.32
MOLDE, AMY ROSE	63,996.74
MONTGOMERY, LISA	64,575.42
MORRICE, CINDY	50,415.82

MORRICE, JENNIFER	72,660.10
MULHALL, SHARON	80,428.20
MURRAY, JOHN	64,027.94
NAULT, BETTY	65,030.64
NAVIAUX, BARBARA	63,461.27
NAYLEN, CHERRIE	51,401.18
NEISZ, BERNICE	52,295.26
NICHOLSON, NOLA	52,664.84
NICOLAY, RHONDA	71,938.66
NUESSLER, ANITA	60,479.50
OBST, DEBORAH	80,296.39
OCHITWA, KAREN	107,234.24
ONSTAD, DELINDA	77,995.00
OXELGREN, SONIA	77,809.75
PALMER, RAEANN	51,245.06
PANTELUK, LORI	67,134.29
PAULSON, C GRANT	66,503.10
PENNEY, KIMBERLY	56,647.22
PETERSEN, LEAH	70,212.12
PETERSON, CAROLYN	67,561.94
PETERSON, MYRNA	95,063.71
PETTITT, MARK	80,154.83
PETTY, SHARI	51,962.46
PHILLIPS, CHERISE	51,983.61
PICK, PAMELA	87,601.11
PIERCE COLBOW, DEANNA	78,256.17
PIERSON, KELLY	65,268.00
PLONKA, GRACE	88,082.36
PONCE, VERONICA	55,927.36
POSPISIL, NONA	68,859.95
POWER, HOLLY	57,264.00
PRATT, JUDY	65,051.70
PRYZNYK, GALE K	67,225.56
PRYZNYK, SHAWN	82,789.00
PURVIS, DIANA	68,669.39
PYETT, SHERRY	66,039.22
RAJOTTE, TERRI	87,365.01
RAPITTA, CARMEN	59,697.08
RESLEIN, JENNIFER	67,761.56
RESTAU, FLORIE	53,649.90
ROBINSON, BRADLEY	79,220.86
RODENBUSH, DALE	107,003.28
RODINE, JOYCE	94,714.50
ROEMER, JOYCE	52,536.28
ROMAN, ROBERTO	55,217.20
RONQUILLO, YVONNE	64,096.58
ROR, LINDA	89,778.82
ROTHWELL, TRACEY	64,737.34
ROWE, EVELYN	83,389.30
ROY, RICHARD	61,118.33
ROY, JASON	73,441.86
RYGH, ROBERTA	65,629.78
SALMERS, MARLENE	70,203.64
SANDIFORD, JEANNETTE	86,183.30
SANDSTROM, CORINNE	71,021.85
SANGSTER, JANIS	77,502.09
SATRE, TANIA	79,174.54
SAUNDERS, LESLIE	96,778.03
SAWIN, LORNA	95,054.85
SCHAFFER, MARY ANNE	65,051.63
SCHARNATTA, COLLEEN	61,743.98
SCHINDEL, SHARON	80,296.72
SCHMIDT, LENNA	65,051.64
SCHMIDT, JASON	68,591.37
SCHMIDT, EUGENE	83,723.58
SCHMIDT, HAROLD	106,747.60
SCHULTZ, LORRIE	70,979.05
SCHULTZ, DUANE	105,755.62
SETRUM, CHARMAINE	77,369.91
SHAVER, NORMA	88,906.98
SHAW, THOMAS	71,899.97
SHELSTAD, CAROL	84,705.04
SJARE, MIKE	83,723.58
SJOSTRAND, JANICE	85,527.45
SKOCZYLAS, GREG	70,437.86
SOVDI, COLLEEN	52,695.57
SPENCER, PENELOPE	52,047.05
STEELE, KATHLEEN	81,475.98
STEIN, BRENDA	88,182.80
STEININGER, LIVIA	59,254.66
STEININGER, TERRY	83,723.58
STEPHANY, GENE	86,824.11
STRUBLE, ANNAMARIE5	6,316.17
STUBEL, MONIKA	71,336.16
STYLES, NANCY	70,638.02
SWERTZ, STELLA	73,224.53
SZABO, MICHAEL	51,621.45
SZAKACS, SHEILA	53,248.58
TAIT, PAULA	63,015.26
TANT, CALVIN	177,063.03
TEDFORD, GARRY	70,201.29
THERA, SHIRLEY	65,051.64
THIELE, JOYCE	83,109.21
THOMPSON, DEBORAH	89,379.38
THOMSON, SCOTT	81,039.38
THUEN, DEBORAH	83,607.92
TISDALE, JEAN	80,080.07
TOMILIN, BARBARA	76,795.87
TOURAND, DENISE	70,867.63
TREBICK GIBSON, CORINNE	75,785.07
TREMBLAY, LARAINE	89,744.76
ULMER, THERESA	58,973.58
URBAN, JENNET	55,646.07
VANSTONE, JEWELL	73,106.35
VERMEULEN, CHRISTA	88,370.77
VEROBA, SARAH	78,459.43
VIERGUTZ, SUSAN	77,382.32
WAGNER, JANICE	66,331.63
WALBAUM, KENDRA	51,319.99
WALKEDEN, ELIZABETh	64,330.40
WALL, RHONDA	78,628.47
WARD, STEPHANIE	70,963.62
WARD, COREEN	98,002.30
WARNER JOHANSON, SHEILA	61,158.33
WARREN, NANCY	82,821.83
WATLING, JOSEPHINE	82,082.97
WATSON, ROD	76,861.72
WHEELER, SHIRLEY	83,723.58
WHYTE, DERRICK	77,856.56
WILES, LINDA	84,496.96
WILLETTE, STEPHANIE	56,372.82
WILSON, DIANNE	58,261.29
WILSON, TANNIS	94,449.86
WILSON, LINDA	95,063.72
WOLFE, DONNA	61,733.11
WOOD, LAURA	56,088.59
WRIGHT, BARBARA	62,359.20
WRIGHT, BERNADETT	91,576.27
WYNNYCHUK, MAUREEN	54,535.84
WYSMINITY, LINDA	87,887.86
YEIK, CAROLE	53,707.59
YOUNG, CHENOA	56,188.27
ZAMBORY, TRACY	87,560.23
ZELIONKA, TIFFANY	62,721.16
ZENKAWICH, STEVEN	78,456.71

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more.

Borderline Housing Co. Inc.	1,507,137
Canadian Mental Health Association	119,389
Fillmore Ambulance	75,232
Radville Marian Health Centre	3,065,361
SMILE Services Inc.	56,749
St. Joseph's Hospital	13,972,572
Supreme Ambulance (Carlyle)	337,487
Weyburn Group Home Society Inc.	256,030

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

Advanced Response Vehicles Inc.	336,199
Banerjee, Dr. Some N.	286,993
Beckman Coulter Canada Inc.	120,797
Bunzl Distribution	132,947
C J Meyer Medical P.C., Inc.	315,030
Can-Med Healthcare	67,306
CEG Energy Options Inc.	91,177
City of Weyburn	97,184
CPDN	236,742
Crestline Coach Ltd.	536,692
Custom Roofing Inc.	106,271
Denson Commercial Food Equipment Inc.	65,823
Double K Excavating Ltd.	139,845
Fong, Dr. Philip	167,635
Grand & Toy Office Products	119,439
Hess, Dr. Grant C.	62,251
Hill-Rom Canada Ltd.	194,669
Hipperson Construction Company (1996 Limited)	416,692
Hospira Healthcare Corporation	138,956
Hudson, Dr. Shauna	138,811
IBM Canada Ltd.	621,588
Johnson & Johnson Medical Products	244,106
Lenferna, Dr. P.A.	109,055
MacPherson Leslie & Tyerman	75,471
Marsh Canada Ltd.	289,012
McKesson Canada	99,302
Medical Centre	101,664
Medical Professional Corporation	241,877
Medtronic of Canada	68,604
Minister of Finance	77,993
Oyebode, Dr. Omoniyi	235,111
Peridot Medical Inc.	328,812
Perry, Dr. N.	63,000
Phillips Medical Systems Canada	486,250
Quality Life Services Inc.	316,672
Radiology Associates of Regina	262,041
Regina Qu'Appelle Health Region	124,018
Saskatchewan Power Corporation	1,394,435
Saskatchewan Property Management	823,274
Saskatchewan Telecommunications	410,919
SaskEnergy Incorporated	920,072
Schaan Healthcare Products	595,174
Softchoice Corporation	57,301
Solutions Staffing Inc.	77,275
Source Medical Corporation	67,384
St. Joseph's Hospital	1,300,149
Stantec	71,030
Stevens Company Ltd.	91,803
Stryker Canada Inc.	686,473
Suberu, Dr. G. B.	416,828
Sunspun Food Services	71,445
Sysco Food Services West Inc.	763,969
The Border-line Housing Company (1975) Ltd	313,052
The Noblet Design Group	152,955
Tyco Healthcare Canada Inc.	76,736
Van Wyk, Dr. D.C.	162,052
Vitalaire Healthcare	68,100
Weyburn Dairy Distributors	73,945

Other Expenditures

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

Canadian Union of Public Employee Employment Strategy Committee	103,106
Canadian Union of Public Employees Local 5999	797,020
Citicorp Vendor Finance Ltd.	73,840
Credit Union Master Card	394,459
Great West Life Assurance Company	450,860
Health Sciences Association of Saskatchewan	88,888
London Life	112,273
Public Employees Pension Plan	188,643
Receiver General for Canada	19,365,788
Royal Bank of Canada - Weyburn	61,223
Sask Works Venture Fund Inc.	332,494
Saskatchewan Association of Health Organizations	4,424,519
Saskatchewan Healthcare Employees Pension Plan	7,074,269
Saskatchewan Registered Nurses' Association	107,973
Saskatchewan Union of Nurses	266,436
Saskatchewan Workers' Compensation Board	1,803,739

2008-09 Financial Report

Sun Country Regional Health Authority Financial Statements, March 31, 2009.

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May 8, 2009

SUN COUNTRY HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Sun Country Regional Health Authority (SCRHA) Board of Directors. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgements. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal controls, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The SCRHA Board of Directors delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Finance and Audit Committee. The Finance and Audit Committee meets with the Board of Directors, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Board of Directors for approval. The Board of Directors approves the annual report and, with the recommendation of the Finance and Audit Committee, approves financial statements.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance and Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Calvin A. Tant, MHSc, CHE
President and CEO

H. E. (Hal) Schmidt
VP, Finance & Corporate Services

VIRTUS GROUP

Chartered Accountants & Business Advisors LLP

AUDITORS' REPORT

To the Members of the Board,
Sun Country Regional Health Authority

We have audited the statement of financial position of Sun Country Regional Health Authority as at March 31, 2009 and the statements of operations, changes in fund balances and cash flows for the year then ended. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of Sun Country Regional Health Authority as at March 31, 2009 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Virtus Group LLP

May 8, 2009
Regina, Saskatchewan

Chartered Accountants

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SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Financial Position

As at March 31, 2009

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2009	Total 2008 (Note 10)
Assets					
Current Assets					
Cash and Short Term Investments (Schedule 2)	$ 4,518,524	33,506,049	2,528,235	40,552,808	9,000,816
Restricted Cash and Investments (Schedule 2)	553,583	-	-	553,583	560,073
Accounts Receivable					
Saskatchewan Health - General Revenue Fund	116,653	-	-	116,653	98,989
Accounts Receivable - Interfund	252,120	-	(252,120)	-	-
Other	1,030,052	190,000	25,032	1,245,084	1,262,300
Inventories	866,551	-	-	866,551	782,832
Prepaid Expenses	605,690	-	-	605,690	133,261
	7,943,173	33,696,049	2,301,147	43,940,369	11,838,271
Investments (Schedule 2)	14,630	-	366,081	380,711	1,021,472
Loan Receivable (Note 5)	-	-	95,000	95,000	100,000
Capital Assets (Note 3)	-	44,589,913	-	44,589,913	43,666,970
Total Assets	**$ 7,957,803**	**78,285,962**	**2,762,228**	**89,005,993**	**56,626,713**
Liabilities					
Current Liabilities					
Accounts Payable	$ 2,242,611	43,523	-	2,286,134	2,056,921
Accrued Salaries and Benefits	4,056,543	-	-	4,056,543	4,293,750
Accrued Vacation	6,010,249	-	-	6,010,249	5,682,642
Mortgages Payable - Current (Note 7)	-	359,885	-	359,885	342,493
Obligation under Capital Lease - Current (Note 4)	-	19,220	-	19,220	70,422
Deferred Revenue (Note 8)	1,289,938	-	-	1,289,938	880,879
	13,599,341	422,628	-	14,021,969	13,327,107
Mortgages Payable (Note 7)	-	5,182,521	-	5,182,521	5,546,756
Obligation under Capital Lease (Note 4)	-	20,272	-	20,272	24,412
Total Liabilities	**13,599,341**	**5,625,421**	**-**	**19,224,762**	**18,898,275**
Fund Balances					
Invested in Capital Assets	-	38,984,908	-	38,984,908	37,519,490
Externally Restricted (Schedule 3)	544,252	33,455,113	2,762,228	36,761,593	5,606,812
Internally Restricted (Schedule 4)	9,331	220,520	-	229,851	387,737
Unrestricted	(6,195,121)	-	-	(6,195,121)	(5,785,601)
Total Fund Balances	**(5,641,538)**	**72,660,541**	**2,762,228**	**69,781,231**	**37,728,438**
Total Liabilities & Fund Balances	**$ 7,957,803**	**78,285,962**	**2,762,228**	**89,005,993**	**56,626,713**

Commitments (Note 4)
Mortgages (Note 7)
Pension Plan (Note 11)

Approved by the Board:

Sharon Bauche, Board Chair

Marilyn Charlton, Board Vice Chair

The accompanying notes and schedules are part of these financial statements

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Operations and Changes in Fund Balances

For the year ended March 31, 2009

	Operating Fund			Restricted Funds			
	Budget 2009 (Note 12)	2009	2008 (Note 10)	Capital Fund 2009	Community Trust Fund 2009	Total 2009	Total 2008
Revenues							
Saskatchewan Health - General Revenue Fund	$ 98,095,630	102,913,309	96,027,940	34,931,791	-	34,931,791	2,636,274
Other Provincial	358,920	574,186	373,633	144,234	-	144,234	144,234
Federal Government	1,800	5,101	2,023	-	-	-	-
Funding from other Provinces	-	-	-	-	-	-	-
Special Funded Programs	163,218	159,239	170,755	-	-	-	-
Patient Fees	10,732,609	10,690,403	10,430,771	-	-	-	-
Out of Province (Reciprocal)	274,700	610,352	347,376	-	-	-	-
Out of Country	7,000	9,632	8,993	-	-	-	-
Donations	145,648	138,479	148,743	948,704	316,751	1,265,455	397,582
Investment	200,000	146,935	225,603	70,482	113,341	183,823	173,158
Recoveries	1,159,988	1,282,778	1,424,962	-	-	-	-
Unrealized gain - financial instruments	-	-	-	-	-	-	-
Other	113,642	209,133	127,144	2,028	-	2,028	750
	111,253,155	**116,739,546**	**109,287,943**	**36,097,239**	**430,092**	**36,527,331**	**3,352,098**
Expenses †							
Acute Care Services	26,951,046	28,259,855	26,167,015	1,047,092	-	1,047,092	1,017,637
Physician Compensation - Acute	623,921	848,388	584,232	-	-	-	-
Supportive Care Services	48,369,497	50,786,901	49,465,888	3,249,667	164,421	3,414,088	2,783,761
Home Based Services - Supportive Care	8,056,456	7,990,001	7,486,162	13,019	-	13,019	13,770
Population Health Services	3,667,692	3,660,813	3,443,540	49,781	-	49,781	33,354
Community Care Services	5,735,725	5,535,451	5,054,790	12,105	-	12,105	11,831
Home Based Services - Acute & Palliative	751,230	815,067	865,018	1,215	-	1,215	1,300
Primary Health Care Services	3,757,841	3,709,479	3,211,932	146,284	6,319	152,603	127,969
Emergency Response Services - RHA	4,436,548	4,741,268	4,465,894	272,388	-	272,388	92,088
Mental Health Services - Inpatient	1,777,315	1,913,775	1,839,923	24,078	-	24,078	2,087
Addictions Services - Residential	-	-	-	-	-	-	-
Physician Compensation - Community Services	1,406,891	1,780,687	1,070,670	-	-	-	-
Program Support Services	5,555,777	6,026,792	5,440,573	-	-	-	-
Special Funded Programs	163,218	159,239	170,755	-	-	-	-
Unrealized loss - financial instruments	-	-	-	-	-	-	-
Ancillary	-	-	-	-	-	-	-
	111,253,155	**116,227,716**	**109,266,392**	**4,815,629**	**170,740**	**4,986,369**	**4,083,797**
Excess (Deficiency) of revenues over expenses	$ -	**511,830**	**21,551**	**31,281,610**	**259,352**	**31,540,962**	**(731,699)**
Balance of Funds at beginning of year		(5,225,527)	(5,267,728)	40,281,191	2,672,775	42,953,966	43,706,315
Interfund Transfers (Note 14)		(927,841)	20,650	1,097,740	(169,899)	927,841	(20,650)
Balance of Funds at end of year		**$ (5,641,538)**	**(5,225,527)**	**72,660,541**	**2,762,228**	**75,422,769**	**42,953,966**

† See also Schedule 1 - Expenses Classified by Object

The accompanying notes and schedules are part of these financial statements

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Cash Flows

For the year ended March 31, 2009

	Operating Fund		Restricted Funds			
	2009	2008 (Note 10)	Capital Fund	Community Trust Fund	Total 2009	Total 2008 (Note 10)
Cash Provided by (used in)	Operating Activities		Financing and Investing Activities			
Excess (deficiency) of revenues over expenses	$ 511,830	21,551	31,281,610	259,352	31,540,962	(731,699)
Amortization of Capital Assets	-	-	2,875,725	-	2,875,725	2,760,825
Gain on sale of assets	-	-	(2,028)	-	(2,028)	(750)
Net change in non-cash working capital						
Saskatchewan Health - General Fund	(17,664)	125,438	-	-	-	-
Accounts Receivable - Interfund	(78,418)	(26,894)	-	78,418	78,418	26,894
Accounts Receivable - Other	195,246	(426,858)	(190,000)	11,970	(178,030)	(2,020)
Inventories	(83,719)	(20,597)	-	-	-	-
Prepaid Expenses	(472,429)	444,897	-	-	-	-
Accounts Payable	349,087	(26,970)	(119,874)	-	(119,874)	10,635
Accrued Salaries and Benefits	(237,207)	854,683	-	-	-	-
Accrued Vacation	327,607	235,225	-	-	-	-
Deferred Contributions	409,059	156,946	-	-	-	-
	903,392	1,337,421	33,845,433	349,740	34,195,173	2,063,885
Purchase of Capital Assets	-	-	(3,800,640)	-	(3,800,640)	(809,885)
Proceeds from sale of Capital Assets	-	-	4,000	-	4,000	750
Net change in Restricted Cash and Investments	6,490	25,705	-	-	-	-
Purchase of Investments	-	(2,885)	-	-	-	-
Proceeds from Investments	1,139	-	-	639,622	639,622	261,697
Proceeds from Loan Receivable	-	-	-	5,000	5,000	-
	7,629	22,820	(3,796,640)	644,622	(3,152,018)	(547,438)
Repayment of Debt	-	-	(402,185)	-	(402,185)	(387,209)
	-	-	(402,185)	-	(402,185)	(387,209)
Net increase (decrease) in Cash Flow	$ 911,021	1,360,241	29,646,608	994,362	30,640,970	1,129,238
Balance of Cash and Short Term Investments						
Balance at beginning of year	$ 4,535,344	3,154,453	2,761,701	1,703,772	4,465,473	3,356,885
Interfund Transfers (Note 14)	(927,841)	20,650	1,097,740	(169,899)	927,841	(20,650)
Net increase (decrease) in Cash Flow	911,021	1,360,241	29,646,608	994,362	30,640,970	1,129,238
Balance at end of year	$ 4,518,524	4,535,344	33,506,049	2,528,235	36,034,284	4,465,473
Balance at end of year is comprised of:						
Cash and Cash Equivalents	4,518,524	4,467,755	33,391,632	1,792,532	35,184,164	3,401,333
Short Term Investments	-	67,588	114,417	735,703	850,120	1,064,140
Cash and Short Term Investments (Schedule 2)	$ 4,518,524	4,535,343	33,506,049	2,528,235	36,034,284	4,465,473
Supplementary Cash Flow Information						
Interest Paid	$ -	-	285,750	-	285,750	305,559

The accompanying notes and schedules are part of these financial statements

1. Legislative Authority

The Sun Country Regional Health Authority (SCRHA) operates under *The Regional Health Services Act* (the Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Sun Country Health Region, under section 27 of *The Act*. The Sun Country Regional Health Authority is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The SCRHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles, and are based on the application of the accounting policies described below.

a) Health Care Organizations

i) The SCRHA has agreements with and grants funding to the following Community Based Organizations (CBOs) and third parties to provide health services:

Canadian Mental Health Association
Weyburn Group Home Society
SMILE
Fillmore Ambulance
Supreme Ambulance

Note 9 b) i) provides disclosure of payments to CBOs and third parties.

ii) The following affiliates are incorporated as follows:

St. Joseph's Hospital	Non-profit Corporations Act of Saskatchewan, 1977
Radville Marian Health Centre	Non-profit Corporations Act of Saskatchewan, 1977
The Border-line Housing Company (1975) Ltd.	Non-profit Corporations Act of Saskatchewan, 1977

The SCRHA provides annual grant funding to these organizations for the delivery of health care services. Consequently, the SCRHA has disclosed certain financial information regarding these affiliates.

These affiliates are not consolidated into the SCRHA financial statements. Alternatively, Note 9 b) ii) provides supplementary information on the financial position, results of the operations, and cash flows of the affiliates.

iii) Within the SCRHA, there are several foundations that raise money for the benefit of the SCRHA. These financial statements do not include the financial activities of the foundations. Alternatively, Note 9 b) iii) provides supplementary information regarding the donations received from the foundations.

b) Fund Accounting

The accounts of the SCRHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the SCRHA including revenues received for provision of health services from Saskatchewan Health – General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

2. Significant Accounting Policies - continued

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the SCRHA in capital assets after taking into consideration any associated long term debt. The capital fund includes revenues received or receivable from Saskatchewan Health – General Revenue Fund designated for construction of capital projects and/or the acquisition of assets. The capital fund also includes donations designated for capital purposes by the contributor and funding relating to the mortgages. Expenses consist of the amortization of assets, interest expense, and other expenses that qualify for the designated Capital Funding.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the SCRHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the SCRHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the SCRHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year in which they are received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with life exceeding one year, are amortized on a straight-line or declining balance method over their estimated useful lives as follows:

Buildings	2.5% to 10%
Land and Leasehold Improvements	2.5% to 20%
Equipment	5% to 50%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

e) Asset Retirement Obligations

Asset Retirement obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the asset's remaining useful life.

f) Inventories

Inventories consist of general stores, maintenance, pharmacy, laboratory, and other items. All inventories are held at the lower of cost or net realizable value as determined by the weighted average method.

g) Pension

Employees of the SCRHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The SCRHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the SCRHA expenses all contributions it is required to make in the year.

2. Significant Accounting Policies - continued

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Amortization is based on the estimated useful lives of Capital Assets. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

i) Financial Instruments

The SCRHA has classified its financial instruments into one of the following categories: held-for-trading, held-to-maturity, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's length transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Held-to-maturity, loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the SCRHA's significant financial instruments are as follows:

- Cash is classified as held-for-trading.
- Accounts receivable, loan receivable and interfund loan are classified as loans and receivables.
- Investments in money market funds are classified as held-for-trading and recorded at fair market value. All other investments are classified as held-to-maturity assets and recorded at amortized cost.
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities.
- Mortgages payable and obligation under capital lease are classified as other liabilities. The related debt premium or discount and issuer costs are included in the carrying value of the long term debt and are amortized into interest expense using the effective interest rate method.

As at March 31, 2009 (2008 – none), the SCRHA does not have any outstanding contracts or financial instruments with embedded derivatives.

The SCRHA is exposed to financial risk as a result of financial instruments. The risks the SCRHA is exposed to are:

i. Price risk which include: Currency risk, affected by changes in foreign exchange rates; Interest rate risk, affected by changes in market interest rates; and Market risk, affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument or the issuer or factors affecting all instruments traded in the market.

ii. Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.

iii. Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.

iv. Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

The SCRHA has policies and procedures in place to mitigate these risks.

j) Replacement Reserves

The SCRHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation (SHC). Schedule 4 shows the changes in these reserve balances during the year.

3. Capital Assets

	2009			2008
	Cost	Accumulated Amortization	Net	Net
Land	$ 749,603	$ -	$ 749,603	$ 724,603
Land Improvements	785,915	632,461	153,454	175,643
Leasehold Improvements	209,143	209,143	-	700
Buildings	69,519,321	30,468,782	39,050,539	38,761,378
Equipment	12,401,922	7,790,522	4,611,400	3,812,819
Under Capital Lease:				
Land	-	-	-	25,000
Building	-	-	-	139,544
Equipment	83,422	58,505	24,917	27,283
	$ 83,749,326	$ 39,159,413	$ 44,589,913	$ 43,666,970

4. Commitments

a) Capital Asset Acquisitions

SCRHA received $2,247,348 Capital funding from Saskatchewan Health in 2009 for the purchase of various capital assets. At March 31, 2009, there remained $1,129,121 to be used to acquire capital equipment in 2010.

b) Capital Infrastructure Projects

SCRHA received $2,780,000 Capital funding from Saskatchewan Health in 2009 for specific capital infrastructure projects. At March 31, 2009, there remained $1,868,396 to be used for these projects. Due to the time needed for project development and tendering, these projects are planned to be completed by March 31, 2010.

c) Capital Building Projects

SCRHA received $29,400,000 Capital funding from Saskatchewan Health in 2009 for specific capital building projects. At March 31, 2009, there remained $29,400,000 to be used towards the replacement of three facilities. Due to the time needed for project development and tendering, these projects are planned to be completed by March 31, 2011.

d) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2010	$ 837,642
2011	$ 733,677
2012	$ 693,092
2013	$ 610,980
2014	$ 450,397

4. Commitments (continued)

e) Capital Leases

Minimum annual payments under capital leases on equipment over the full lease term are as follows:

	Equipment	Equipment	Total
Interest rate	6.15%	4.75%	
Expiry date	January 31, 2011	September 2, 2013	
2010	$ 16,010	$ 3,210	$ 19,220
2011	12,006	3,210	15,216
2012	-	3,210	3,210
2013	-	3,210	3,210
2014	-	1,605	1,605
Total minimum lease payments	28,016	14,445	42,461
Amount representing interest	(1,507)	(1,462)	(2,969)
Balance of the obligation	26,509	12,983	39,492
Less: Current Portion	(16,010)	(3,210)	(19,220)
	$ 10,499	$ 9,773	$ 20,272

f) Contracted Health Service Operators

The SCRHA contracts on an ongoing basis with private health services operators to provide health services in the SCRHA. The SCRHA has contracted for services in the year ending March 31, 2010 similar to those provided by these operators in the prior fiscal year.

5. Long Term Loan Receivable

The SCRHA has an agreement with M.O.R.E. 2000 Organization Inc. to lend them $100,000 interest free. This is planned to be paid off by April, 2010. The M.O.R.E. 2000 Organization Inc. paid $5,000 in 2009.

6. Patient and Resident Trusts Accounts

The SCRHA administers funds held in trust for patients and residents using the SCRHA's facilities. The funds are held in separate bank accounts. Funds held in trust are not included in these financial statements. Total funds held in trust are summarized as follows:

	2009	*2008*
Sun Country Regional Health Authority - Resident Trust	$ 47,577	$ 49,162
Souris Valley Extended Care Centre – Resident Bazaar	57,100	59,442
Weyburn Mental Health Centre – Resident Bazaar	121,004	118,706
	$ 225,681	$ 227,310

7. Mortgages Payable

Title of Issue	Interest Rate	Annual Repayment Terms	2009	2008
Newhope Pioneer Lodge CMHC, due May 1, 2021	4.690%	$110,309 principal & interest of which $35,632 is subsidized by SHC. Yielding an effective interest rate of 1.867%. Mortgage renewal date - August 1, 2016	$ 1,023,679	$ 1,084,986
Willowdale Lodge CMHC, due July 1, 2019	6.875%	$12,772 principal & interest Mortgage renewal date - July 1, 2019	94,702	100,828
Estevan Regional Nursing Home CMHC, due August 1, 2016	5.375%	$15,956 principal & interest Mortgage renewal date - August 1, 2016	97,627	108,090
Estevan Regional Nursing Home CMHC, due January 1, 2023	7.000%	$8,109 principal & interest Mortgage renewal date - January 1, 2023	72,156	75,173
Moose Mountain Lodge CMHC, due October 1, 2026	8.000%	$34,476 principal & interest Mortgage renewal date - October 1, 2026	327,784	336,104
Weyburn Special Care Home CMHC, due April 1, 2019	4.690%	$147,788 principal & interest of which $52,238 is subsidized by SHC. Yielding an effective interest rate of 1.153%. Mortgage renewal date - August 1, 2016	1,187,990	1,278,420
Weyburn Special Care Home CMHC, due March 1, 2017	5.375%	$18,732 principal & interest Mortgage renewal date - March 1, 2017	121,863	133,772
Bengough Health Centre CMHC, due September 1, 2018	5.750%	$10,987 principal & interest Mortgage renewal date - September 1, 2018	80,515	86,734
Fillmore Health Centre CMHC, due October 1, 2022	4.320%	$43,557 principal & interest of which $10,866 is subsidized by SHC. Yielding and effective interest rate of 1.930%. Mortgage renewal date - February 1, 2016	447,890	471,754
Gainsborough Health Centre CMHC, due June 1, 2022	4.320%	$41,469 principal & interest of which $10,030 is subsidized by SHC. Yielding and effective interest rate of 1.961%. Mortgage renewal date - February 1, 2016	418,635	441,680
Lampman Health Centre CMHC, due September 1, 2021	4.320%	$66,647 principal & interest of which $15,881 is subsidized by SHC. Yielding and effective interest rate of 1.898%. Mortgage renewal date - February 1, 2016	644,029	682,265
Redvers Centennial Haven CMHC, due January 1, 2018	5.375%	$8,579 principal & interest Mortgage renewal date - January 1, 2018	60,364	65,582
Wawota Deerview Lodge CMHC, due December 1, 2020	5.140%	$109,304 principal & interest in which $34,863 is subsidized by SHC. Yielding and effective interest rate of 1.595%. Mortgage renewal date - December 1, 2013	965,172	1,023,861
			$ 5,542,406	$ 5,889,249
		Less: Current Portion	359,885	342,493
			$ 5,182,521	$ 5,546,756

7. Mortgages Payable - continued

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewals occur.

For each of the mortgages, the SCRHA has pledged the related buildings as security. Principal repayments required in each of the next five years is estimated as follows:

2010	359,885
2011	378,601
2012	397,554
2013	417,477
2014	437,919
2015 and thereafter	3,550,970

8. Deferred Revenue

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Primary Care Funding	$ 179,265	$ 170,461	$ 145,000	$ 153,804
Primary Care Site Funding	210,876	361,915	416,200	265,161
Team Facilitator Position	110,161	161,857	78,600	26,904
Aboriginal Awareness	727	17,707	16,980	-
Professional Development	35,083	44,969	34,905	25,019
Mentorship	5,075	679	6,800	11,196
Nursing professional development	25,108	67,006	41,898	-
Safety training initiatives	58,015	41,509	101,880	118,386
SIMS and PHIS	14,589	2,893	-	11,696
Healthline	1,817	1,817	-	-
MDS for Home Care	45,272	3,786	-	41,486
Health Promotion	10,981	68,459	70,000	12,522
Quality Workplace Initiative	99,336	43,333	34,056	90,059
Planning for Community Supports	3,390	3,390	-	-
Community Supports	-	30,802	62,667	31,865
Youth Drug Detox	53,811	93,563	101,110	61,358
Autism	-	-	150,000	150,000
Facility Assessment Audits	3,386	3,386	-	-
Total Sask Health	**$ 856,892**	**$ 1,117,532**	**$ 1,260,096**	**$ 999,456**
Other Initiatives				
SUN Recruitment & Retention	-	-	262,313	262,313
Other Revenue received in advance	23,987	84,117	88,299	28,169
Total Deferred Revenue	**$ 880,879**	**$ 1,201,649**	**$ 1,610,708**	**$ 1,289,938**

9. Related Parties

These financial statements include transactions with related parties. The SCRHA is related to all Saskatchewan Crown Agencies such as departments, corporations, boards, and commissions under common control of the Government of Saskatchewan. The SCRHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the SCRHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms. Significant related party transactions greater than $50,000 and not shown separately in these financial statements are disclosed below. In addition, the SCRHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

	2009	2008 (Note 10)
Revenues		
Medical Services Branch	63,086	$ 107,114
Saskatchewan Government Insurance	159,239	170,755
Saskatchewan Health	610,352	347,376
Senior Citizen's Ambulance Assistance Program	818,120	725,367
Workers' Compensation Board	328,732	207,107
	$ 1,979,529	$ 1,557,719
Expenses		
Canadian Mental Health Association	$ 119,589	$ 108,036
Fillmore Ambulance	75,232	73,260
Public Employees Pension Plan	181,916	172,316
Public Service Superannuation Board	21,374	53,017
Radville Marian Health Centre	3,065,361	2,803,128
Regina Qu'Appelle Health Region	144,412	126,506
Saskatchewan Association of Health Organizations	4,541,024	4,029,775
Saskatchewan Health Employees Pension Plan	7,074,269	6,382,826
Saskatchewan Power Corporation	935,652	955,898
Saskatchewan Property Management	808,604	758,329
Saskatchewan Telecommunications	384,846	403,915
SaskEnergy Incorporated	929,469	726,772
SMILE Services Inc.	56,749	51,709
St. Joseph's Hospital	14,092,077	13,267,757
Supreme Ambulance (Carlyle)	337,487	307,769
The Border-line Housing Company (1975) Ltd	1,507,137	1,298,716
Weyburn Group Home Society	271,030	243,390
Workers' Compensation Board	1,183,111	1,239,142
	$ 35,729,339	$ 33,002,261

9. *a) Related Party Transactions - continued*

	2009	2008
Accounts Receivable		
Senior Citizen's Ambulance Assistance Program	$ 181,083	$ 184,910
Saskatchewan Government Insurance	-	125,270
Saskatchewan Health	136,912	56,567
Worker's Compensation Board	53,592	-
	$ 371,587	$ 366,747
Prepaid Expenses		
Workers' Compensation Board	$ 295,923	$ -
Saskatchewan Association of Health Organizations	$ 122,750	$ -
	$ 418,673	$ -
Accounts Payable		
Saskatchewan Association of Health Organizations	$ 335,286	$ 140,347
Saskatchewan Health Employees Pension Plan	505,314	747,944
Saskatchewan Power Corporation	336,266	68,022
Saskatchewan Property Management	45,869	70,472
SaskEnergy Incorporated	167,320	89,351
St. Joseph's Hospital	105,873	187,432
Workers' Compensation Board	-	324,705
	$ 1,495,928	$ 1,628,273

Note: Payments to the affiliates may be higher than the grant to affiliates due to other expenses incurred in the normal course of business.

b) Health Care Organizations

i) Community Based Organizations and Third Parties

The SCRHA has also entered into agreements with CBOs and Third Parties to provide health services.

These organizations receive operating funding from the SCRHA on a monthly basis in accordance with budget amounts approved annually. During the year, the SCRHA provided the following amounts to healthcare organizations.

	2009	2008
Canadian Mental Health Association	$ 119,389	$ 108,036
Fillmore Ambulance	75,232	73,260
SMILE Services Inc.	56,749	51,709
Supreme Ambulance (Carlyle)	337,487	307,769
Weyburn Group Home Society Inc.	271,030	240,437
	$ 859,887	$ 781,211

9. *b) Health Care Organizations - continued*

ii) Affiliates

The Act makes the SCRHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the SCRHA. The SCRHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates. The following presentation discloses the amount of funds granted to each affiliate:

	2009	*2008*
St. Joseph's Hospital	$ 13,930,946	$ 12,889,656
Radville Marian Health Centre	3,065,361	2,802,783
The Border-line Housing Company (1975) Ltd.	1,507,137	1,298,716
Total	$ 18,503,444	$ 16,991,155

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate entities as at March 31, 2009 and 2008 and for the years then ended:

	Total 2009	*Total 2008*
Balance Sheet		
Assets	$ 3,657,114	$ 3,419,208
Net Capital Assets	23,864,568	24,257,623
Total Assets	$ 27,521,682	$ 27,676,831
Total Liabilities	3,469,059	3,585,202
Total Net Assets	24,052,623	24,091,629
Total Liabilities and Net Assets	$ 27,521,682	$ 27,676,831
Results of Operations and Fund Balances		
SCRHA Grant	$ 18,552,875	$ 16,886,506
Other Revenue	4,789,105	5,730,614
Total Revenue	$ 23,341,980	$ 22,617,120
Salaries & Benefits	17,610,663	17,078,363
Other Expenses *	5,797,747	5,390,998
Total Expenses	23,408,410	22,469,361
Excess (Deficiency) Revenue over Expenses	$ (66,430)	$ 147,759

* Other Expenses includes amortization of $1,315,843 (2008 - $1,273,822)

Cash Flows		
Cash from Operations	$ 1,572,805	$ 1,055,629
Cash used in Financing Activities	(714,624)	(4,760)
Cash used in Investing Activities *	(5,150)	(2,084,706)
Increase (Decrease) in Cash	$ 853,031	$ (1,033,837)

* Cash used in Investing Activities includes capital purchases of $700,051 (2008 - $2,093,098)

9. *b) Health Care Organizations - continued*

iii) Fund Raising Foundations

There are various charitable health foundations throughout the region that raise money on behalf of healthcare organizations in their community. The SCRHA has an economic interest in the foundations and may upon agreement with the foundations be the recipient of funds to be used by the SCRHA for specific purposes. The foundation's total expenses include the following contributions to the SCRHA.

	2009	*2008*
Redvers & District Community Health Foundation Inc.	$ 80,000	$ 35,217
Coronach and Area Health Care Foundation	$ 4,373	$ 10,886
Kipling District Health Foundation Inc.	$ 639,488	-

10. Comparative Information

Some items appearing in the statements for the prior year have been reclassified to conform to the presentation used for the current year.

11. Pension Costs

Employees of the SCRHA participate in one of the following pension plans:

i) The Saskatchewan Healthcare Employees' Pension Plan (SHEPP) – This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, HSAS). SHEPP is a multi-employer defined benefit plan which came into effect December 31, 2002 (prior to December 31, 2002 this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

ii) The Public Service Superannuation Plan (a related party) – This is also a defined benefit plan and the responsibility of the Province of Saskatchewan.

iii) The Public Employees' Pension Plan (a related party) – This is a defined contribution plan and the responsibility of the Province of Saskatchewan.

The SCRHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. The pension expense for the year amounted to $3,697,856 (2008 - $3,501,305), and is included in Employee Benefits in Schedule 1.

	2009				2008
	SHEPP	PSSP	PEPP	Total	Total
Number of active members	1,484	3	24	1,511	1,539
Member contribution rate, percentage of salary	5.85-7.35%*	7%	5%		
SCRHA contribution rate, percentage of salary	6.55-8.23%*	25%	5%		
Member contributions (thousands of dollars)	3,209	4	85	3,298	3,105
SCRHA contributions (thousands of dollars)	3,594	15	88	3,697	3,501

*Contributions rate varies based on employee group.

1. Active members include all employees of the SCRHA, including those on leave of absense as of March 31, 2009. Inactive members are transferred to SHEPP and not included in these results.

12. Budget

The SCRHA Board approved the 2008-2009 budget on August 27, 2008.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit Risk

The SCRHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the SCRHA's receivables are from Saskatchewan Health – General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair Value

The following methods and assumptions were used to estimate the fair value of each class of financial instruments:

i) The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

Accounts receivable
Loan receivable
Interfund loan
Accounts payable
Accrued salaries and vacation payable

ii) Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.

iii) The fair value of mortgage payable before the repayment required within one year, is $6,335,024 (2008 $5,775,200) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements.

d) Operating Line of Credit

The SCRHA has a line of credit limit of $1,000,000, of which none was drawn. The line of credit is secured by an assignment and hypothecation of revenues and bearing interest at a rate of Prime minus 0.5%, which is due on demand. No interest was paid on the line-of-credit in 2008 and 2009.

14. Interfund Transfers

Each year the SCRHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2009			2008		
	Operating	Capital	Community Trust	Operating	Capital	Community Trust
Capital Purchases	$ (215,188)	$ 360,087	$ (144,899)	$ (68,790)	$ 213,148	$ (144,358)
SHC reserves - Allocation	(105,488)	105,488	-	(105,488)	105,488	-
SHC reserves - R & M	26,672	(26,672)	-	44,928	(44,928)	-
SHC reserves - Transfers	97,186	(97,186)	-	-	-	-
EMS Vehicle Allocation	(50,000)	75,000	(25,000)	(50,000)	75,000	(25,000)
EPC Purchases	(681,023)	681,023	-	-	-	-
Unrestrict internal Funds	-	-	-	200,000	(200,000)	-
	$ (927,841)	$ 1,097,740	$ (169,899)	$ 20,650	$ 148,708	$ (169,358)

15. Volunteer Services

The operations of the SCRHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

16. Contingent Liability

Joint Job Evaluation Reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers have filed appeals and recommendations on these appeals were completed. Major disputes were heard before the JJE Dispute Resolution Tribunal (Tribunal). There still remains a number of individual issues that consist of recommendations that were not agreed to. Outcomes of the Tribunal resulted in further issues where additional classifications were created and duties of existing classifications were revised. A process to deal with the issues is being developed by a 3rd party. Dealing with some of these issues is expected to extend until 2011. The results of outstanding issues are currently unknown. The cost of these cannot be reasonably determined at this time.

SUN COUNTRY REGIONAL HEALTH AUTHORITY

For the year ended March 31, 2009

Schedule 1

Schedule of Expenses Classified by Object

	Operating Fund		
	Budget 2009 (Note 12)	*Actual 2009*	*Actual 2008*
Operating:			
Board Costs	$ 120,549	91,917	108,813
Compensation - Benefits (Note 11)	11,993,112	12,004,886	11,464,399
Compensation - Salaries	64,812,624	66,625,846	63,408,943
Diagnostic Imaging Supplies	74,560	71,880	64,142
Drugs	525,544	415,167	475,368
Food and Dietary	1,402,081	1,394,793	1,365,769
Grants to Ambulance Services	386,616	419,116	381,029
Grant to Third Parties	17,212,691	18,089,894	16,797,081
Housekeeping and Laundry	298,715	293,402	288,055
Information Technology Contracts & Licenses	325,577	306,049	283,472
Insurance	305,886	331,824	318,668
Interest	9,921	11,289	9,031
Laboratory Supplies	499,614	525,843	488,709
Medical and Surgical Supplies	1,492,454	1,399,013	1,450,930
Medical Remuneration and Benefits	2,237,332	2,833,314	1,839,723
Office and General Supplies	552,002	574,516	542,185
Other	1,337,689	1,744,017	1,546,494
Other Referred Out Services	912,690	924,156	914,527
Professional Fees	662,795	1,341,198	1,093,849
Prosthetics	-	-	-
Purchased Services	606,630	615,631	499,349
Rent/Lease/Purchase	714,920	885,093	778,365
Repairs and Maintenance	961,088	1,338,973	1,234,314
Service Contracts	557,955	501,254	471,446
Travel	1,139,514	1,256,698	1,266,989
Utilities	2,110,596	2,231,947	2,174,742
	$ 111,253,155	**116,227,716**	**109,266,392**
Restricted:			
Amortization of Capital Assets		$ 2,875,725	2,760,825
Mortgage Interest Expense		283,980	304,167
Grants to Third Parties		902,345	639,904
Other		924,319	378,901
		$ 4,986,369	**4,083,797**

(See accompanying notes)

SUN COUNTRY REGIONAL HEALTH AUTHORITY

As at March 31, 2009

Schedule 2

Schedule of Cash and Investments

	Cash & Short Term Investments	Long Term Investments	Fair Value	Maturity	Effective Rate	Coupon Rate
RESTRICTED CASH AND INVESTMENTS						
Externally Restricted Cash and Investments - Community Trust						
Creighton Lodge - Spectra Credit Union	$ 37,778	$ -	$ 37,778			
Midale Area Trust						
Midale Credit Union - Term Certificate	$ 150,000	$ -	$ 150,000	August 11, 2009	3.800%	3.800%
Midale Credit Union - Term Certificate	140,000	-	140,000	September 5, 2009	3.800%	3.800%
Midale Credit Union - Term Certificate	-	200,000	200,000	June 15, 2010	3.400%	3.400%
Midale Credit Union - Term Certificate	-	50,000	50,000	August 23, 2010	3.800%	3.800%
Midale Credit Union - Term Certificate	-	50,000	50,000	October 21, 2010	3.600%	3.600%
Midale Credit Union - equity	-	1,778	1,778			
Midale Credit Union - Plan 24	673,085	-	673,085			
	$ 963,085	$ 301,778	$ 1,264,863			
Oxbow Area Trust - Spectra Credit Union	$ 228,046	$ -	$ 228,046			
Gainsborough Area Trust						
Prairie Pride Credit Union - Term Certificates	$ 15,400	$ -	$ 15,400	May 1, 2009	3.500%	3.500%
Prairie Pride Credit Union - Term Certificates	298,000	-	298,000	July 31, 2009	3.800%	3.800%
Prairie Pride Credit Union - Term Certificates	66,000	-	66,000	August 3, 2009	3.800%	3.800%
Prairie Pride Credit Union - Term Certificates	25,967	-	25,967	August 31, 2009	2.250%	2.250%
Prairie Pride Credit Union - Term Certificates	11,464	-	11,464	November 28, 2009	2.250%	2.250%
Prairie Pride Credit Union - Term Certificates	-	17,500	17,500	February 12, 2011	3.370%	3.370%
Prairie Pride Credit Union - Term Certificates	-	18,803	18,803	February 21, 2011	3.250%	3.250%
Prairie Pride Credit Union - Term Certificates	-	28,000	28,000	April 2, 2011	2.950%	2.950%
Prairie Pride Credit Union - Chequing	577,411	-	577,411			
	$ 994,242	$ 64,303	$ 1,058,545			
Lampman Area Trust - Spectra Credit Union - Chequing	$ 78,132	$ -	$ 78,132			
Fillmore Area Trust						
RBC Investment Account	$ 65,170	$ -	$ 65,170			
Royal Bank - Money Maker Plus	28,872	-	28,872			
Royal Bank	61,913	-	61,913			
	$ 155,955	$ -	$ 155,955			
Coronach Trust - CIBC	$ 70,997	$ -	$ 70,997			
Total Community Trust Externally Restricted Funds	**$ 2,528,235**	**$ 366,081**	**$ 2,894,316**			

(See accompanying notes)

Schedule of Cash and Investments - continued

RESTRICTED CASH AND INVESTMENTS - continued	Cash & Short Term Investments	Long Term Investments	Fair Value
Externally Restricted Cash and Investments - Operating Fund (schedule 3)			
Wood Gundy	$ 2	$ -	$ 2
CIBC Money Market Fund	474,508	-	474,508
Spectra Credit Union	69,742	-	69,742
Total Operating Externally Restricted Funds	**$ 544,252**	**$ -**	**$ 544,252**
Internally Restricted Cash and Investments - Operating Fund (schedule 4)			
Spectra Credit Union	$ 9,331	$ -	$ 9,331
Total Operating Fund Internally Restricted	**$ 9,331**	**$ -**	**$ 9,331**
Total Operating Fund Restricted Cash and Investments	**$ 553,583**	**$ -**	**$ 553,583**
Externally Restricted Cash and Investments - Capital Fund			
WGH Building Fund	$ 578,800	$ -	$ 578,800
WGH - Lottery	18,307	-	18,307
Spectra Credit Union	32,688,422	-	32,688,422
Total Capital Externally Restricted Funds	**$ 33,285,529**	**$ -**	**$ 33,285,529**
Internally Restricted Cash and Investments - Capital Fund (schedule 4)			
CIBC Money Market Fund	114,417	-	114,417
Spectra Credit Union	106,103	-	106,103
Total Capital Fund Internally Restricted	**$ 220,520**	**$ -**	**$ 220,520**
Total Capital Fund Restricted Cash and Investments	**$ 33,506,049**	**$ -**	**$ 33,506,049**
Total Restricted Cash and Investments	**$ 36,587,867**	**$ 366,081**	**$ 36,953,948**

UNRESTRICTED CASH AND INVESTMENTS	Cash & Short Term Investments	Long Term Investments	Fair Value
Spectra Credit Union	$ 4,518,524	$ -	$ 4,518,524
Co-op Equity	-	14,630	14,630
Total Unrestricted Cash and Investments	**$ 4,518,524**	**$ 14,630**	**$ 4,533,154**

(See accompanying notes)

SUN COUNTRY REGIONAL HEALTH AUTHORITY

For the year ended March 31, 2009

Schedule 3

Schedule of Changes in Externally Restricted Fund Balances

	Balance Start of Year	Investment & Other Revenue	Donations	Expenses	Contributions (Withdrawals)	Balance End of Year
Operating Fund:						
Arcola Health Centre	$ 108,481	2,498	3,098	(9,294)	-	104,783
Deerview Lodge	9,140	84	10,180	(12,759)	-	6,645
Estevan Regional Nursing Home	9,355	351	23,415	(2,122)	-	30,999
Fillmore Health Centre	26,594	798	11,012	(16,985)	-	21,419
Home Care	191,143	4,291	9,325	(30,039)	-	174,720
Moose Mountain Lodge	30,954	694	2,105	(5,395)	-	28,358
Newhope Pioneer Lodge	4,835	128	1,370	-	-	6,333
Palliative Care	55,006	1,219	15,540	(19,088)	-	52,677
Redvers Centennial Haven	5,708	53	394	(4,389)	-	1,766
Tatagwa View	53,205	1,293	18,462	(10,328)	-	62,632
Weyburn General Hospital	16,229	277	2,118	(4,977)	-	13,647
Weyburn Special Care Home Education	35,069	767	1,685	(3,120)	-	34,401
Other communities	5,023	154	39,669	(38,974)	-	5,872
	550,742	**12,607**	**138,373**	**(157,470)**	**-**	**544,252**
Capital Fund:						
Arcola Health Centre	18,506	509	-	-	-	19,015
Kipling	-	11	638,024	(617,435)	-	20,600
Saskatchewan Health Capital Funding (Note 4)	1,414,742	-	34,427,348	(3,444,573)	-	32,397,517
Weyburn General Hospital Building	563,697	15,103	-	-	-	578,800
Weyburn General Hospital Equipment	372,149	10,080	65,656	(22,140)	-	425,745
Other communities	14,201	767	245,024	(246,556)	-	13,436
	2,383,295	**26,470**	**35,376,052**	**(4,330,704)**	**-**	**33,455,113**
Community Trust Fund:						
Coronach Trust Fund	69,257	1,741	-	-	-	70,998
Fillmore Area Trust Fund	127,457	28,499	-	-	-	155,956
Gainsborough Area Trust Fund	1,062,240	34,279	436	(14,246)	(72,836)	1,009,873
Lampman Area Trust Fund	53,068	459	24,628	(3,886)	-	74,269
Midale Area Trust Fund	1,124,343	41,193	264,127	(132,819)	(58,901)	1,237,943
Oxbow Area Trust Fund	195,897	6,017	25,225	(12,767)	(25,799)	188,573
Creighton Lodge Trust Fund	40,513	1,153	2,335	(7,022)	(12,363)	24,616
	2,672,775	**113,341**	**316,751**	**(170,740)**	**(169,899)**	**2,762,228**
	$ 5,606,812	**152,418**	**35,831,176**	**(4,658,914)**	**(169,899)**	**36,761,593**

(See accompanying notes)

SUN COUNTRY REGIONAL HEALTH AUTHORITY

For the year ended March 31, 2009

Schedule 4

Schedule of Changes in Internally Restricted Fund Balances

	Balance beginning of year	Investment income allocated	Transfer from unrestricted fund annual allocation	Transfer to unrestricted fund expenses	Transfer in investment in capital asset fund balance	Balance end of year
Internally Restricted Fund Balances						
Capital Internally Restricted Fund Balances						
Replacement Reserves						
Bengough Health Centre	$ 6,265	174	6,540	(12,979)	-	-
Weyburn Special Care Home	75,041	2,010	44,968	(54,420)	-	67,599
Estevan Regional Nursing Home	14,092	378	15,500	(21,856)	-	8,114
Newhope Pioneer Lodge	94,900	2,522	10,000	(18,373)	-	89,049
Wawota Deerview Lodge	26,341	706	7,745	(19,514)	-	15,278
Carlyle Moose Mountain Lodge	-	-	8,235	(8,235)	-	-
Kipling Willowdale Lodge	6,500	174	6,500	(8,374)	-	4,800
Redvers Centennial Haven	13,587	378	6,000	(19,965)	-	-
Other						
Emergency Medical Services Vehicles	141,680	3,187	75,000	(184,187)	-	35,680
Total Capital Internally Restricted Fund Balances	**378,406**	**9,529**	**180,488**	**(347,903)**	**-**	**220,520**
Operating Internally Restricted Fund Balances						
Quality Workplace	9,331	-	-	-	-	9,331
Total Operating Internally Restricted Fund Balances	**9,331**	**-**	**-**	**-**	**-**	**9,331**
Total Internally Restricted Fund Balances	$ **387,737**	**9,529**	**180,488**	**(347,903)**	**-**	**229,851**

Emergency Medical Services Vehicles

The SCRHA internally restricts $50,000 (2008 - $50,000) per year, as financial resources permit, for the replacement of Ambulances.

The Midale Area Trust Fund donated $25,000 (2008 - $25,000) for the replacement of Ambulances in Weyburn or Estevan.

(See accompanying notes)

SUN COUNTRY REGIONAL HEALTH AUTHORITY

For the year ended March 31, 2009

Schedule 5

Board Member Remuneration

Board Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	2009 Total	2008 Total
Arthur, Alan J.	$ -	$ 3,550	$ 1,881	$ 2,327	$ 42	$ 85	$ 7,885	$ 5,559
Bauche, Sharon R.	1,541	5,294	4,363	4,776	-	-	15,974	11,000
Carr, Lori	-	200	50	71	-	-	321	-
Charlton, Marilyn	-	250	-	41	-	-	291	-
Dash, Rita	-	4,075	3,138	4,348	-	219	11,780	17,290
Galloway, Marguerite	-	1,575	350	400	-	-	2,325	3,236
Kerr, Dave	-	2,500	188	252	-	-	2,940	7,106
Kickley, Earl	8,419	5,944	2,625	3,207	79	-	20,274	29,986
Koszman, Maurice W.	-	2,200	150	1,641	-	25	4,016	8,197
McFarlane, Jack	-	1,538	800	1,477	11	30	3,856	6,405
Palmer, Vern	-	1,863	1,050	1,446	-	-	4,359	7,691
Pedlar, Debbie	-	750	400	908	-	-	2,058	-
Rodine, Derrell	-	850	113	494	-	-	1,457	-
Rygh, Lorne	-	400	150	252	-	-	802	-
Standing Ready, Darlene	-	2,788	1,250	2,027	-	10	6,075	6,289
Stephenson, Karen	-	200	-	-	-	-	200	
Tunall, Eileen	-	850	300	638	-	-	1,788	
Ward, Larry	-	3,000	1,025	1,997	-	63	6,085	6,633
Total	$ 9,960	$ 37,827	$ 17,833	$ 26,302	$ 132	$ 432	$ 92,486	$ 109,392

Senior Management Salaries, Benefits, Allowances, and Severence

	2009					2008		
Senior Employees	Salaries (1)	Benefits and Allowances (2)	Sub-total	Severence Amount	Total	Salaries, Benefits & Allowances	Severence	Total
Calvin Tant, CEO	$ 177,063	$ -	$ 177,063	$ -	$ 177,063	$ 171,326	$ -	$ 171,326
Margaret Cugnet, VP Primary & Integrated Health Care	135,880	-	135,880	-	135,880	123,599	-	123,599
Hal Schmidt, VP Finance & Corporate Services (3)	106,748	-	106,748	-	106,748	-	-	-
Ken Adams, VP Finance & Corporate Services (3)	20,806	-	20,806		20,806	123,599	-	123,599
Janice Giroux, VP Community Programs	135,914	-	135,914	-	135,914	123,504	-	123,504
Don Ehman, VP Human Resources	135,914	-	135,914	-	135,914	123,599	-	123,599
Murray Goeres, Director of Facilities	107,830	-	107,830	-	107,830	99,586	-	99,586
	$ 820,155	$ -	$ 820,155	$ -	$ 820,155	$ 765,213	$ -	$ 765,213

(1) Salaries include regular base pay, overtime, honoraria, sick leave and merit or performance pay, lump sum payments, and any other direct cash remuneration.

(2) Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education leave, education pay, non-accountable relocation benefits, personal use of an automobile, cell-phone, computer, etc. As well as any other taxable benefits.

(3) Hal Schmidt started June, 2008, replacing Ken Adams.

(See accompanying notes)

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